



www.PartnersUrgentCare.com

HOURS:
Mon. - Fri. 8am - 8pm
Sat. - Sun. 9am - 5pm

AUTHORIZATION FOR EXAMINATION AND TREATMENT

Patient Name: Social Security #:

Employer (or Temp Agency): Date of Birth:

Company Address:

Job Description: Body Part Injured:

Contact Person: Contact Phone: () -

Insurance Co.: Insurance Co. Phone: () -

Work Related

Injury Illness

Date of Injury or Illness:

Physical Exam

Preplacement Baseline Annual Exit

Recertification Other

Substance Abuse Testing

(Check all that apply)

Regulated Drug Screen Follow Up

Collection Only Hair Collect

Non-regulated Screen Rapid Screen

Preplacement Post-accident

Random Reasonable Cause

Breath Alcohol Other:

Special Exam

Asbestos Respirator Audiogram

DOT Physical DMV Physical

Other:

Special Instructions:

Authorized By (Please Print):

Phone: () - Date:

For follow up care, please go to Partners Urgent Care.

We offer services for all non-work-related illness and injury and accept many insurance plans.