



# TOTAL URGENT CARE, LLC.

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## Total Urgent Care, LLC Employer Authorization for Treatment

Please complete and sign below. Send with employee or fax prior to visit. Employee should come prepared with photo ID, social security number and eyeglasses for Physical Exams (if applicable).

EMPLOYEE NAME \_\_\_\_\_  
DATE OF VISIT \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
EMPLOYER PHONE NUMBER \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_

### PRE-EMPLOYMENT SERVICES

\_\_\_ PHYSICAL EXAM  
    \_\_\_ BASIC  
    \_\_\_ DOT  
    \_\_\_ MEDICAL CLEARANCE  
    \_\_\_ OTHER \_\_\_\_\_  
\_\_\_ DRUG SCREEN  
    \_\_\_ DOT  
    \_\_\_ NON-DOT  
\_\_\_ DRUG SCREEN (COLLECTION ONLY)  
    \_\_\_ DOT  
    \_\_\_ NON-DOT  
\_\_\_ MRO SERVICE  
\_\_\_ X-RAY  
    \_\_\_ CHEST 1 VIEW  
    \_\_\_ CHEST 2 VIEW  
    \_\_\_ CHEST 1 VIEW/B READER  
    \_\_\_ BACK 2 VIEW  
\_\_\_ EKG  
\_\_\_ PFT (PULMONARY FUNCTION TEST)  
\_\_\_ BACK SCREEN (STRENGTH AND FLEXABILITY)  
\_\_\_ TB SKIN TEST  
\_\_\_ OTHER \_\_\_\_\_

\_\_\_ INJURY (WORK RELATED)  
\_\_\_ BACK TO WORK EXAM  
\_\_\_ OTHER \_\_\_\_\_  
\_\_\_ DRUG/ALCOHOL SCREENING (OTHER THAN PRE-EMPLOYEMNT) DRUG SCREEN (URINE TEST) WITH MRO SERVICE  
\_\_\_ COLLECTION SERVICE ONLY  
    \_\_\_ RANDOM  
    \_\_\_ POST-ACCIDENT  
    \_\_\_ FOLLOW UP  
    \_\_\_ FOR CAUSE/REASONABLE SUSPICION  
    \_\_\_ RETURN TO DUTY  
    \_\_\_ OTHER \_\_\_\_\_  
\_\_\_ BREATH ALCOHOL TEST  
    \_\_\_ DOT \_\_\_ NON-DOT  
\_\_\_ RANDOM  
    \_\_\_ POST ACCIDENT  
    \_\_\_ FOLLOW UP  
    \_\_\_ FOR CAUSE/REASONABLE SUSPICION  
    \_\_\_ RETURN TO DUTY  
    \_\_\_ OTHER \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_