



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Work Related

Injury Illness

Date of Injury: _____

Physical Examination

Pre-placement Baseline Annual Exit

DOT Physical Examination

Pre-placement Recertification

Substance Abuse Testing (circle all that apply)

Regulated Drug Screen Breath Alcohol
Collection Only Hair Collect
Non-Regulated Drug Screen Rapid Drug Screen
Other _____

Special Examination

Asbestos Respirator
HAZMAT Medical Surveillance
Other _____

Type of Substance Abuse Testing

Pre-placement Reasonable Cause
Post-Accident Random
Follow-Up

Special instructions/comments:

*Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: _____
Please print

Title: _____

Phone #: _____

Date of Authorization: _____

Authorization Valid through: _____

CareXpress offers urgent care services for non-work related illness and injury.

(Copies of this form are available at www.carexpressfmc.com)