

(Patient must present Authorization and Photo ID at the time of service.)

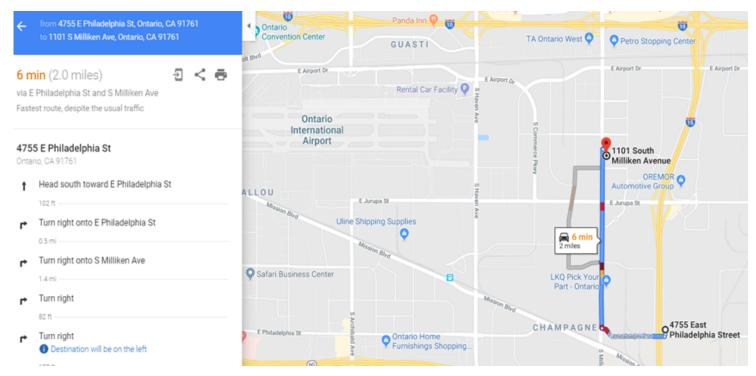
Authorization for Examination or Treatment

Patient Name:	Social Security Number:
Employer:	Date of Birth:
Street Address:	Location Number:
Temporary Staffing Agency:	
Work Related	Physical Examination
□ Injury □ Illness	☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit
Date of Injury	DOT Physical Examination
Substance Abuse Testing [★] (check all that apply)	☐ Preplacement ☐ Recertification
☐ Regulated drug screen ☐ Breath alcohol	Special Examination
☐ Collection only ☐ Hair collect	□ Asbestos □ Respirator □ Audiogram
☐ Non-regulated drug screen ☐ Rapid drug screen	☐ Human Performance Evaluation*
☐ Other	☐ HAZMAT ☐ Medical Surveillance
Type of Substance Abuse Testing	☐ Other
☐ Preplacement ☐ Reasonable cause	Billing (check if applicable)
□ Post-accident □ Random	☐ Employee to pay charges
☐ 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:	Title:
Phone:	

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

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

Concentra Urgent Care 1101 S. Milliken Ave Ste C. Ontario CA 91761



Concentra Urgent Care 3200 Inland Empire Blvd, Ontario CA 91764

