



(Patient Must Present Photo ID at Time of Service)

### Authorization for Examination or Treatment

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: Redford Union Schools Date of Birth: \_\_\_\_\_

Street Address: 17715 Brady St. Redford, MI 48240 Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

#### Work Related

Injury  Illness

Date of Injury \_\_\_\_\_

#### Substance Abuse Testing\* (check all that apply)

- Regulated drug screen  Breath alcohol
- Collection only  Hair collect
- Non-regulated drug screen  Rapid drug screen
- Other \_\_\_\_\_

#### Type of Substance Abuse Testing

- Preplacement  Reasonable cause
- Post-accident  Random
- Follow-up

Special instructions/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Physical Examination

- Preplacement  Baseline  Annual  Exit

#### DOT Physical Examination

- Preplacement  Recertification

#### Special Examination

- Asbestos  Respirator  Audiogram
- Human Performance Evaluation\*
- HAZMAT  Medical Surveillance
- Other \_\_\_\_\_

#### Billing (check if applicable)

- Employee to pay charges

★ 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: Debra Dahlman  
Please print

Title: HUMAN Resources Coordinator

Phone: ( 313 ) 242-6011

Date \_\_\_\_\_

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](http://www.concentra.com))