



PATRIOT URGENT CARE

AUTHORIZATION FOR EXAMINATION OR TREATMENT

Patient Name: _____ SS#: _____

Company Name: _____ Branch/Store # _____

Work Related: Date of Injury _____ Body Part _____ New Injury Follow Up

PHYSICAL EXAMINATION

- Pre-employment
 Annual
 DOT
 RTW
 Other _____
 Fit For Duty
 Respiratory Clearance

SUBSTANCE ABUSE TESTING

- DOT 5 Panel (send out to Lab)
 5 Panel Instant
 Breath Alcohol Test (BAT)
 5 Panel (send out to Lab)
 10 Panel Instant
 DOT
 Non-DOT
 10 Panel (send out to Lab)
 Saliva Alcohol Test
 Hair Collection (head only)

REASON FOR SUBSTANCE ABUSE TESTING

- Pre-employment
 Reasonable Suspicion
 Post-Accident
 Random
 Return to Work (RTW)
 Follow Up

ADDITIONAL SERVICES

- Audiometry
 TB Skin Test
 PFT (spirometry)
 EKG
 Lift Test 50 lbs. or 75 lbs.
 Vision Screening
 Agility Test
 X-Ray (1 View)
 COVID
 Other _____

BILLING

- Employer Paid
 Insurance Carrier/TPA

Employer Name _____ HR/Safety Manager _____ Phone _____

Address _____ City/ST/Zip _____

Workers Comp Carrier Name _____ Claim # _____

Carrier Address _____ City/ST/Zip _____

AUTHORIZER'S INFORMATION (REQUIRED)

Authorized by _____ Title _____ Date _____

Phone _____ Fax _____ Email _____

Verified by _____ (PUC Staff Member) Date _____