

Date:	
Valid for	hours
Time In	: AM PM
Time Out	: AM PM



EMPLOYER'S AUTHORIZATION FOR EXAMINATION AND TREATMENT

Must Present Photo ID at Time of Service • Clinic Locations and Contact Information on Back

Company Name _____	Patient Name _____	<input type="checkbox"/> Bill Company <input type="checkbox"/> Employee pays at time of service
Authorized: Signature _____	Patient Address _____	<input type="checkbox"/> Bill Workers' Compensation Carrier
Authorized: Print _____	Patient Phone _____	Carrier _____
Employer Phone _____	Patient DOB _____ SS# _____	Policy # _____
Employer Fax _____	Staffing Agency _____	Address _____
		Phone _____

INJURY TREATMENT/EVALUATION

INJURY	<input type="checkbox"/> Treatment of work-related injury or illness	<input type="checkbox"/> Date of Injury _____
	What is the type/area of injury or illness: _____	<input type="checkbox"/> Time of Injury _____ : _____ AM PM
	<input type="checkbox"/> Drug Screen with initial visit	<input type="checkbox"/> Breath Alcohol Test with initial visit

NON-DOT PROCEDURES

DOT PROCEDURES

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

PHYSICAL EXAMS	<input type="checkbox"/> Post Offer/Pre-employment	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Basic	<input type="checkbox"/> Annual	<input type="checkbox"/> Exit	<input type="checkbox"/> New
	<input type="checkbox"/> Return to work	<input type="checkbox"/> Hazmat	<input type="checkbox"/> Basic	<input type="checkbox"/> Annual	<input type="checkbox"/> Exit	<input type="checkbox"/> Recertification
	<input type="checkbox"/> Fit for Duty	<input type="checkbox"/> Respirator	<input type="checkbox"/> New	<input type="checkbox"/> Recertification		<input type="checkbox"/> Follow-up
	<input type="checkbox"/> Other _____					

DRUG TEST - TYPE

DRUG TEST - FEDERALLY MANDATED

DRUG TESTS	<input type="checkbox"/> Urine (Circle Panel Type) 5 6 10	<input type="checkbox"/> Collection Only	<input type="checkbox"/> Hair	<input type="checkbox"/> Urine
	<input type="checkbox"/> Rapid/Instant (Circle Panel Type) 5 10			
	Reason for Drug Test	<input type="checkbox"/> Return to Work		Reason for Drug Test
	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Follow-up Testing		<input type="checkbox"/> Pre-employment
	<input type="checkbox"/> Random		<input type="checkbox"/> Return to Work	
	<input type="checkbox"/> Reasonable Suspicion/Cause	<input type="checkbox"/> Other		<input type="checkbox"/> Follow-up Testing
	<input type="checkbox"/> Post Accident			<input type="checkbox"/> Reasonable Suspicion/Cause
				<input type="checkbox"/> Other
				<input type="checkbox"/> Post Accident
				<input type="checkbox"/> Collection Only

ALCOHOL TEST

ALCOHOL TEST - FEDERALLY MANDATED

ALCOHOL TESTS	<input type="checkbox"/> Breath Alcohol Test	<input type="checkbox"/> Reasonable Suspicion/Cause	<input type="checkbox"/> Breath Alcohol Test
	Reason for Alcohol Test		Reason for Alcohol Test
	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Return to Work	<input type="checkbox"/> Pre-employment
	<input type="checkbox"/> Random	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Return to Work
	<input type="checkbox"/> Post Accident	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Follow-up
			<input type="checkbox"/> Reasonable Suspicion/Cause

OTHER	<input type="checkbox"/> Hepatitis B Vaccine # _____	<input type="checkbox"/> Chest X-Ray/Back X-Ray	<input type="checkbox"/> Back Evaluation
	<input type="checkbox"/> Hepatitis B Surface Antibody	<input type="checkbox"/> Pulmonary Function Test - PFT	<input type="checkbox"/> TB Single _____ 2 Step _____
	<input type="checkbox"/> EKG	<input type="checkbox"/> Respirator Fit Test	<input type="checkbox"/> Audio Test
	<input type="checkbox"/> Labs		<input type="checkbox"/> Vision Test (Titmus)
			<input type="checkbox"/> Lift Test _____ lbs. <input type="checkbox"/> Knee Level <input type="checkbox"/> Waist Level

Other Testing and/or Company Specific Instructions:

MICHIGAN URGENT CARE INSTRUCTIONS: Please arrive no later than 30 minutes prior to close.

PHYSICAL EXAM: Please bring your glasses or contacts. Do not urinate prior to arrival.

DRUG SCREENING: Do not urinate prior to arrival. **PULMONARY FUNCTION TEST:** Do not eat, use an inhaler, or smoke one hour prior to arrival

RELEASE OF INFORMATION: This signed authorization guarantees payment for services requested on this and medical services necessary for proper treatment of injuries and illnesses. This release is also intended to certify that I (the Patient) give Business Health Solutions, or an affiliated clinic, authorization to release all information regarding this examination, testing results or treatment to my employer, prospective employer or employer's insurer.

Employee/Patient Signature: _____ Date: _____ / _____ / _____

Extended Hours. More Experience. Quality Care.

Open 365 days... Even on holidays.

Brighton

2300 Genoa Business Park Drive
Suite 120
Brighton, MI 48114
P 810.844.0400
F 810.844.0804
8^{AM} - 8^{PM}



734-225-9300 Main

Washtenaw

3280 Washtenaw Ave
Ann Arbor, MI, 48104
P 734.389.2000
F 734.389.2005
8^{AM} - 10^{PM}



Dundee

100 Powell Drive
Suite 8
Dundee, MI 48131
P 734.823.5900
F 734.823.5425
8^{AM} - 8^{PM}



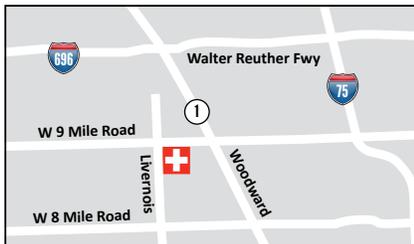
Waterford

5800 Highland Road
Waterford, MI 48327
P 248.290.5700
F 248.290.5695
8^{AM} - 8^{PM}



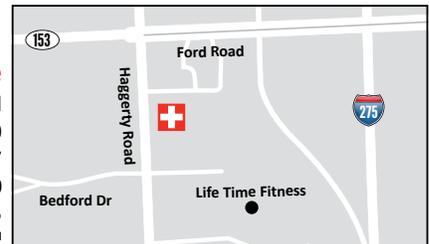
Ferndale

641 West 9 Mile Rd.
Suite C
Ferndale, MI 48220
P 248.206.1600
F 248-206-1605
8^{AM} - 8^{PM}



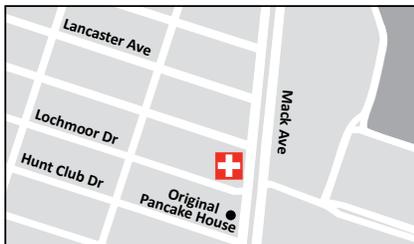
Western Wayne

2050 Haggerty Road
Suite 140
Canton, MI 48187
P 734.259.0500
F 734.259.0505
8^{AM} - 8^{PM}



Grosse Pointe

20311 Mack Avenue
Grosse Pointe Woods,
MI 48236
P 313.499.6000
F 313.499.6001
8^{AM} - 10^{PM}



Wyandotte

375 Eureka Rd.
Suite B
Wyandotte, MI 48192
P 734.225.9300
F 734.225.9305
8^{AM} - 8^{PM}



Novi

44000 W 12 Mile Road
Suite 101
Novi, MI 48377
P 248.374.3595
F 248.374.3640
8^{AM} - 8^{PM}



MichiganUrgentCare.com

The Michigan Urgent Care and Occupational Health family of clinics located throughout Southeast Michigan is dedicated to the treatment of adult and pediatric injury and illness, and is a leading provider of occupational health services.