

McLaren Medical Group
EMPLOYER AUTHORIZATION FOR TREATMENT

Please complete and sign below. Send form with employee or fax prior to visit.
Employee should come prepared with photo ID; social security number; eyeglasses for physical exams.

Employee Name: _____
Date of Visit: ____ / ____ / ____ SSN: _____
Employer: _____ Employer Phone Number: _____
Address: _____

PRE-PLACEMENT SERVICES

- ____ PHYSICAL EXAM
 - ____ Basic
 - ____ DOT
 - ____ Respiratory Med. Clearance
 - ____ Other: _____

- ____ DRUG SCREEN
 - ____ DOT
 - ____ Non-DOT

- ____ DRUG SCREEN *COLLECTION ONLY*
 - ____ DOT
 - ____ Non-DOT

- ____ MRO SERVICE

- ____ X-RAY
 - ____ Chest - 1 view
 - ____ Chest - 2 view
 - ____ Chest - 1 view/B reader
 - ____ Back - 2 view

- ____ EKG
- ____ AUDIOGRAM
- ____ PFT (Pulmonary Function Test)
- ____ BACK SCREEN (Strength and Flexibility)
- ____ TB SKIN TEST
- ____ HEP B VACCINE
- ____ OTHER: _____

INJURY (WORK RELATED)

RETURN TO WORK EXAM

OTHER: _____

**DRUG/ALCOHOL SCREENING
(Other Than Pre-placement)**

DRUG SCREEN (Urine Test)

____ WITH MRO SERVICE

____ COLLECTION SERVICE ONLY

- ____ RANDOM
- ____ POST-ACCIDENT
- ____ FOLLOW-UP
- ____ FOR CAUSE/REASONABLE SUSPICION
- ____ RETURN TO DUTY
- ____ OTHER: _____

BREATH ALCOHOL TEST

- ____ DOT ____ Non-DOT
- ____ RANDOM
- ____ POST-ACCIDENT
- ____ FOLLOW-UP
- ____ FOR CAUSE/REASONABLE SUSPICION
- ____ RETURN TO DUTY
- ____ OTHER: _____

SPECIAL INSTRUCTION: _____

By signing and authorizing this service, I agree that fees for services will be paid by the employer.

AUTHORIZED SIGNATURE: _____ **DATE:** ____ / ____ / ____

PRINTED NAME: _____

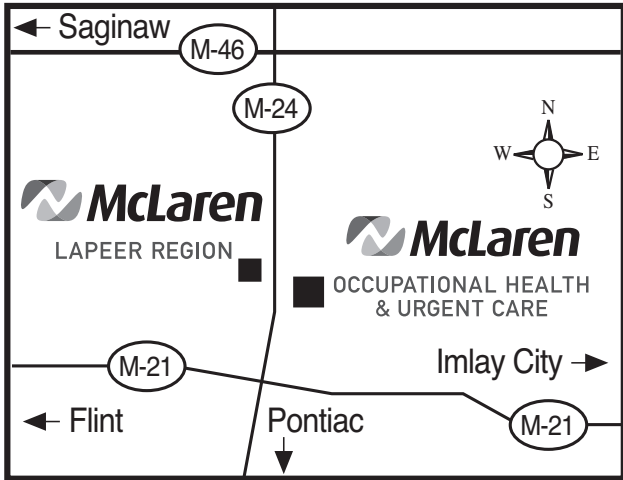
*** This authorization is valid for the date stated above unless otherwise noted. ***

SPECIFIC SITE INFORMATION:

**McLAREN LAPEER REGION
OCCUPATIONAL & CONVENIENT CARE**
1254 N. Main St. Lapeer, MI 48446
Phone: (810) 667-7040 Fax: (810) 667-7066

Hours:
Monday thru Friday 8:00 a.m. - 8:00 p.m.
Saturday and Sunday 10:00 p.m. - 2:00 p.m.
Holidays 1:00 p.m. - 5:00 p.m.

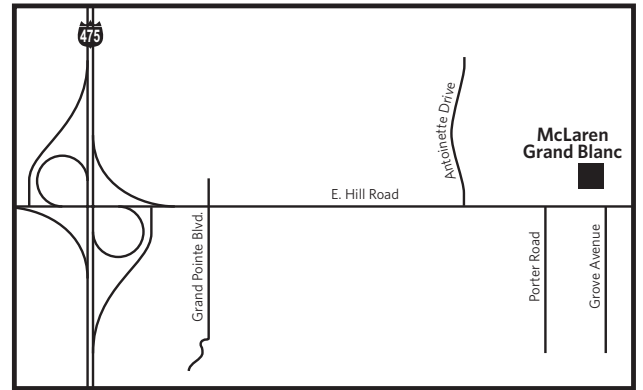
LAPEER



**McLAREN GRAND BLANC
OCCUPATIONAL & CONVENIENT CARE**
2313 E. Hill Rd., Grand Blanc, MI 48439
Phone: (810) 496-0900 Fax: (810) 695-6497

Hours:
Monday thru Friday 8:00 a.m. - 8:00 p.m.
Saturday and Sunday 10:00 a.m. - 2:00 p.m.
Holidays 1:00 p.m. - 5:00 p.m.

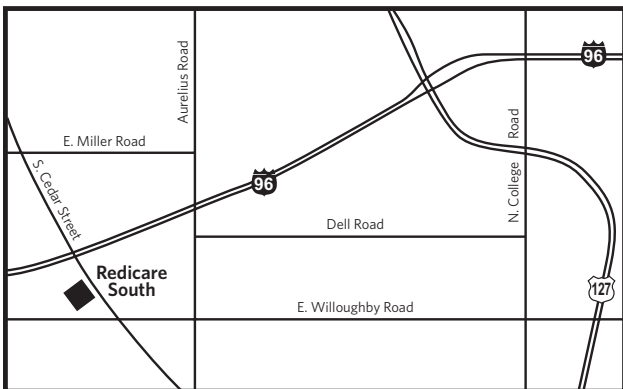
GRAND BLANC



**McLAREN GREATER LANSING
REDICARE SOUTH**
6910 S. Cedar Street, Lansing, MI 48911
Phone: (517) 975-3110 Fax: (517) 975-3105

Hours:
Monday thru Friday 8:00 am - 9:00 pm
Saturday and Sunday 9:00 am - 9:00 pm

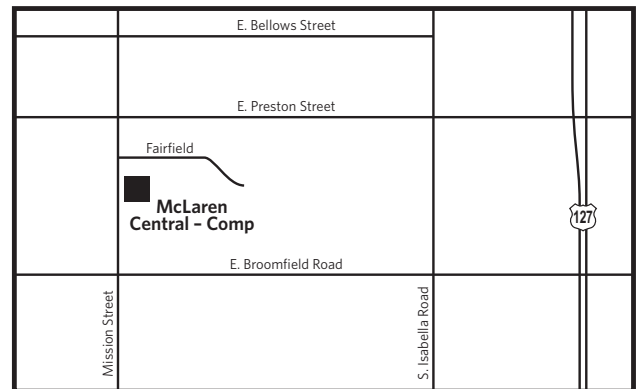
LANSING



McLAREN CENTRAL – COMP
1523 S. Mission St., Mt. Pleasant, MI 48858
Phone: (989) 779-5600 Fax: (989) 772-4084

Hours:
Monday thru Friday 8:00 am - 4:00 pm

CENTRAL



AFTER HOURS GO TO:

McLAREN FLINT
401 S. Ballenger Hwy.
Flint, MI 48532
Phone: (810) 342-2307

McLAREN LAPEER REGION
1375 N. Main St.
Lapeer, MI 48446
Phone: (810) 667-5700

McLAREN MACOMB
1000 Harrington
Mt. Clemens, MI 48043
Phone: (586) 493-8000