

McLaren Print System Order

Order No: 61681 Reprint Previous Order No: 7367
Order Date: 2021-04-13
User: Cindy Simpson
Phone: 8104960900

Ship Location: MCLAREN OCCUPATIONAL AND CONVENIENT CARE ATTN CINDY CINDY
2313 East Hill Road
Grand Blanc, MI 48439

Forms

Quantity: 500
Paragon Dept No: 64100
Dept Name: McLaren Occupational and Convenient Care
Company Number: 810

Order Total Price: 24.90

Item Number: MM-1
Item Description: Employer Authorization for Treatment
Revision Date: 7/2020
Print: 2 sided black and white
Paper: 20# Blue Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:

McLaren Medical Group
EMPLOYER AUTHORIZATION FOR TREATMENT
Please complete and sign below. Send form with employee or fax prior to visit.
Employee Name:
Date of Visit:
Employee:
Address:
PRE-PLACEMENT SERVICES
PHYSICAL EXAM
DRUG SCREEN
MRO SERVICE
X-RAY
EKG
RADIOGRAM
PFT
BACK SCREEN
TB SKIN TEST
HEP B VACCINE
OTHER
INJURY (WORK RELATED)
RETURN TO WORK EXAM
OTHER
DRUG/ALCOHOL SCREENING
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
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 employee.
AUTHORIZED SIGNATURE: DATE:
PRINTED NAME:
This authorization is valid for the date stated above unless otherwise noted.
EMPLOYER AUTHORIZATION FOR TREATMENT
SEE BACK FOR SPECIFIC SITE INFORMATION
MM-1 (2/04)