

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. ***

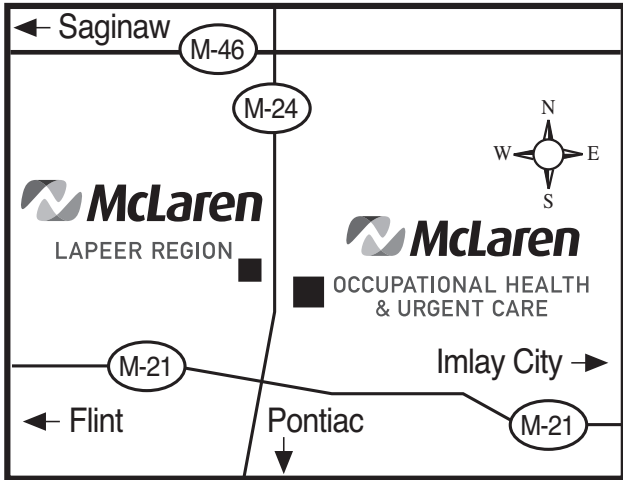
SPECIFIC SITE INFORMATION:

**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

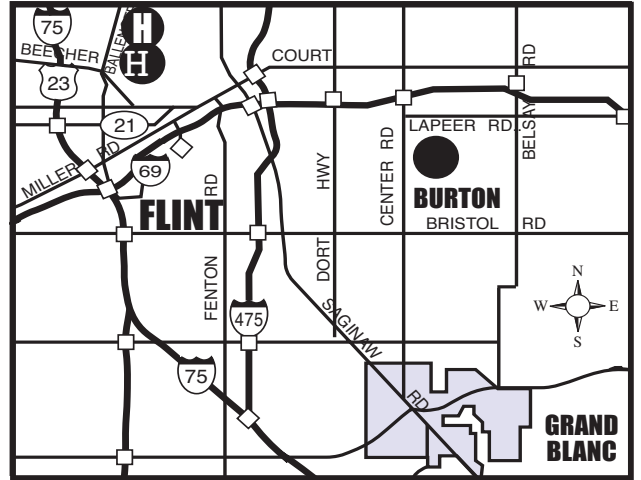




**McLAREN FLINT
BURTON OCCUPATIONAL & CONVENIENT CARE**

1459 S. Center Rd., Burton, MI 48509
Phone: (810) 496-0900 Fax: (810) 742-3891

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.

BURTON



-  McLaren Flint
401 S. Ballenger Hwy., Flint
-  McLaren Flint, Burton Occupational & Convenient Care
1459 Center Rd., Burton
Located one block south of Wallis East

**MCLAREN GREATER LANSING
REDICARE SOUTH**

6910 S. Cedar Street, Lansing, MI 48911
Phone: (517) 975-3110 Fax: (517) 975-3105

Hours:
 Saturday and Sunday 9:00 am - 9:00 pm

LANSING

