

McLaren Print System Order

Order No: 68626 Reprint Previous Order No: 7367
Order Date: 2022-03-28
User: Shannon Pierce
Phone: 8106677040

Ship Location: Lapeer Occ Health
1181 S Lapeer Rd
Lapeer, MI 48446

Forms

Quantity: 100
Paragon Dept No: 58412
Dept Name: Lapeer Occ Health
Company Number: 810

Order Total Price: 4.98

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:
Employer:
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 employer.
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