

McLaren Print System Order

Order No: 84648 Reprint Previous Order No: 7367
Order Date: 2024-04-17
User: Amber Kleekamp
Phone: 9895519951

Ship Location: McLaren Thumb Convenient Care Clinic
1040 S. Van Dyke Rd
Bad Axe, MI 48413

Forms

Quantity: 500
Paragon Dept No: 54604
Dept Name: McLaren Thumb Convenient Care Clinic
Company Number: 810

Order Total Price: 37.50

Item Number: MM-1
Item Description: Employer Authorization for Treatment
Revision Date: 11/2022
Print: 1 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 should come prepared with photo ID, social security number, signatures for physical exams.
Employee Name
Date of Birth
Employer
Address
PRE-PLACEMENT SERVICES
PHYSICAL EXAM
Basic
DOT
Respiratory Med Clearance
Other
DRUG SCREEN
DOT
Non-DOT
DRUG SCREEN (COLLECTION ONLY)
DOT
Non-DOT
NFO SERVICE
E.A.M.V.
Chest - 1 view
Chest - 2 view
Chest - 1 view/2 leader
Back - 2 view
EKG
ALCOHOL/ABG
PFT (Pulmonary Function Test)
BACK SCREEN (Strength and Flexibility)
TR-SIN TEST
HEP B VACCINE
OTHER
INJURY (WORK RELATED)
RETURN TO WORK EXAM
OTHER
ORIGINAL/COPIES SCREENING (Other than Pre-employment)
DRUG SCREEN (Drive Test)
with MFO SERVICE
COLLECTION SERVICE ONLY
PARKING
POST-ACCIDENT
FOLLOW-UP
FOR CAUSE/REASONABLE SUSPICION
RETURN TO DUTY
OTHER
BREATH ALCOHOL TEST
DOT Non-DOT
PARKING
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
MM-1 (1/22)