

McLaren Print System Order

Order No: 89307
Order Date: 2024-10-28
Order Request Date:
User: Melissa Kasper
Phone: 248-969-7367

Ship Location: Premier Occupational Health
385 North Lapeer Road
Oxford, MI 48371

Brochures
Quantity: 10
Paragon Dept No: 21605
Dept Name: Oakland
Company Number:

Order Total Price: 22.50

Item Number: OAK-051
Item Description: EMPLOYER AUTHORIZATION FOR TREATMENT
Revision Date: 10/2024
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 5.5x8.5 Black, SS, 20#, 100 per Pad



OAKLAND

McLaren Oakland
Oxford Occupational Health

EMPLOYER AUTHORIZATION FOR TREATMENT

Picture identification is required. Bring eyeglasses if worn.

385 N. Lapeer Rd., Oxford, MI (248) 969-7367 • Fax (248) 629-3027
M-F 8:00 am to 4:30 pm Sat-Sun Closed
After Hours Injury Treatment Only
REPORT TO: 385 N. Lapeer Rd., Oxford, MI 48371
Physicals/Pre-Employment Services Injury Care & Post Accident Testing

Employee Name _____ Date of Visit _____

Employer Name _____ Contact Phone No. _____

Address _____

Form with sections: All Services Available Mon-Fri 8 a.m. - 4 p.m., Sat-Sun Closed; Injury Services; Injuries, Physicals, Drug Screens, Alcohol Screens, Testing; Reason for Testing.

Employer to Pay Patient to Pay Bill to Worker's Compensation

Authorization Signature _____ Called for Verbal Authorization Yes _____

Printed Authorized Signature _____ Contact Phone No. _____

OAK-051 (10/24)

Spec Info: Please drop off to main registration area