

McLaren Print System Order

Order No: 90639
 Order Date: 2024-12-06
 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: OAK10

Order Total Price:

Item Number: OAK-051
 Item Description: EMPLOYER AUTHORIZATION FOR TREATMENT
 Revision Date: 10/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info:

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) 428-3027
 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 _____

All Services Available Mon-Fri 8 a.m. - 4 p.m. Sat-Sun Closed				Injury Services			
<p>Injuries</p> <input type="checkbox"/> Initial <input type="checkbox"/> Rereck <input type="checkbox"/> Return to Work <input type="checkbox"/> N/VA (if Physical)	<p>Physicals</p> <input type="checkbox"/> Basic <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT Collection (COE provided) <input type="checkbox"/> 10 Panel _____ <input type="checkbox"/> 6 Panel _____ <input type="checkbox"/> sCup (on site 3-panel) <input type="checkbox"/> Hair Drug Screen <input type="checkbox"/> Other _____	<p>Drug Screens</p> <input type="checkbox"/> DOT Collection (COE provided) <input type="checkbox"/> Non-DOT Collection (COE provided) <input type="checkbox"/> 10 Panel _____ <input type="checkbox"/> 6 Panel _____ <input type="checkbox"/> sCup (on site 3-panel) <input type="checkbox"/> Hair Drug Screen <input type="checkbox"/> Other _____	<p>Alcohol Screens</p> <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Random <input type="checkbox"/> Follow-up <input type="checkbox"/> Return to Duty	<p>Testing</p> <input type="checkbox"/> PFT (Pulmonary Function Test) <input type="checkbox"/> Audiometric Test <input type="checkbox"/> TB Skin Test <input type="checkbox"/> Laboratory Work <input type="checkbox"/> Other _____	<p>Injuries</p> <input type="checkbox"/> Injury	<p>Drug Screens</p> <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> E Screen	<p>Alcohol Screens</p> <input type="checkbox"/> DOT Breath Alcohol <input type="checkbox"/> Non-DOT Breath Alcohol
<p><input type="checkbox"/> Employer to Pay <input type="checkbox"/> Patient to Pay <input type="checkbox"/> Bill to Worker's Compensation</p>				<p>Reason for Testing: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Post Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Follow Up <input type="checkbox"/> Random</p>			

Authorization Signature _____ Called for Verbal Authorization Yes _____
 Printed Authorized Signature _____ Contact Phone No. _____

OAK-051 (10/20)

Spec Info: