



AUTHORIZATION FOR OCCUPATIONAL HEALTH SERVICES



ALL services included in the account profile for respective service WILL be performed unless otherwise stated

Company Name _____ Location _____
Employee or Prospective Employee Name _____
Company representative authorizing service _____ Phone _____
Signature of authorization _____ Date _____

By signing this authorization, the said employer acknowledges full responsibility for payment for ALL services related to examinations, screening, diagnostic testing and treatment and or medications deemed necessary by the treating Physician for the authorized individual named in this form unless it is previously requested to collect payment at time of service from the individual. It is understood that services will be paid in full upon receipt of billing for all amounts due. It is also understood that the employer will be responsible for payment of all services related to injury or illness care of the employee if said case is determined work related or not, or if the claim is denied by the workers' compensation insurance carrier.

Occupational Screening Facility and Training Centers

Table with 3 columns: 1st Choice Urgent Care DEARBORN, 1st Choice Urgent Care Garden City, and OccMed Connect & MINUTE CLINIC TAYLOR. Each column lists address, phone, fax, and hours.

WORK RELATED INJURY TREATMENT:
Drug Screen 5 Panel OR 10 Panel Breath Alcohol Testing

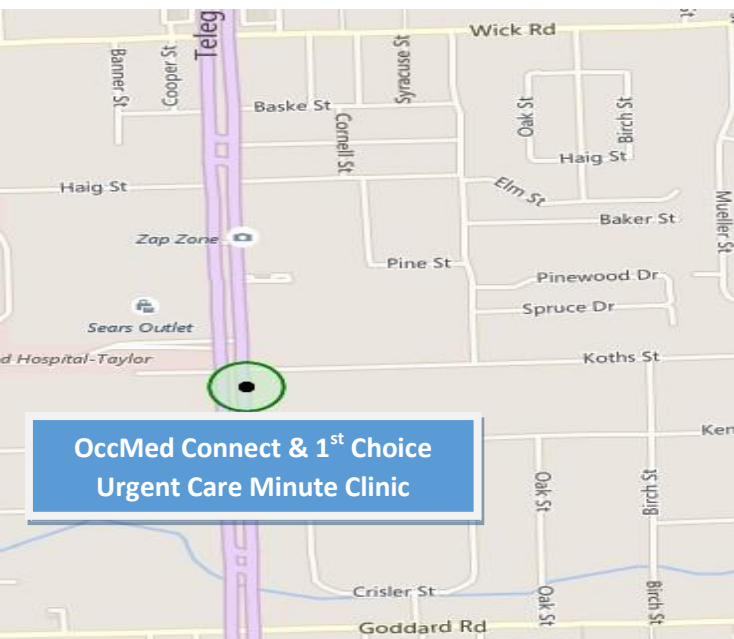
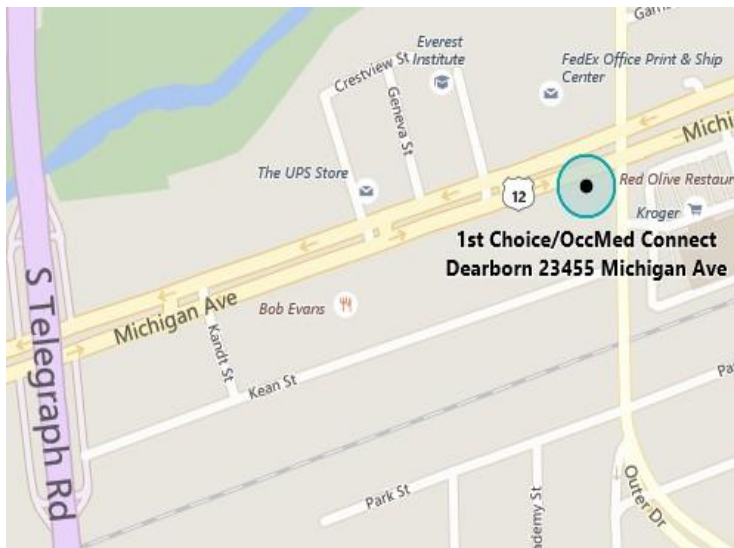
PHYSICAL EXAMINATIONS:
Pre-Placement Exam Return to Work Exam Fit for Duty Exam DOT Exam
Hazard Material/Surveillance Exam Initial/Baseline Annual/Periodic Respirator Exam Audiogram
Firefighter Physical MCOLES Physical Chest X-ray with B-Read OTHER

DRUG AND ALCOHOL SCREENING: 5 Panel 10 Panel
Regulated Drug Screen Non-Regulated Drug Screen INSTANT drug screen ESCREEN E-Cup
Collection Only Urine Drug Screen Breath Alcohol Testing Hair Collection

Reason for test: Pre-Placement Random Reasonable Suspicion
Return to duty Post Accident Follow-Up

VACCINATIONS AND LABORATORY SERVICES:
PPD PPD 2 Step TDAP Hepatitis B Series Titers Urinalysis EKG Other

OSHA COMPLIANT SERVICES: OSHA Resp. Questionnaire Pulmonary Function Test Respirator Fit Test



Onsite Training Center for CPR, DOT, HIPAA and OSHA mandated compliance

Occupational Services and Training Classes are available Onsite or at our Training Centers.

ONSITE and After Hour Drug Screen Collections

or for any questions and information 24/7

(734) 718-1969

CPR, FIRST AID, AED (ACLS, BLS)

Bloodborne Pathogen

DOT Drug and Alcohol

Supervisory Training

HIPAA Compliance and More!

Or visit us on the web at
www.occmedconnect.com
www.firstchoiceucc.com

Email - info@occmedconnect.com

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