

# Patient Treatment Authorization

Arrowood Medical Center ■ Occumed at Riverview ■ Riverview Medical Center

Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Authorization Expires on: \_\_\_\_\_

Company \_\_\_\_\_ Location (if multiple sites) \_\_\_\_\_

Does employee work for a temp agency?  Yes  No If yes, who? \_\_\_\_\_

Treatment authorized by: Name and Title (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please treat the above patient for the following services... (Please check all that apply.)

Injury/Accident Date of Injury \_\_\_\_\_ Date Employee Last Worked \_\_\_\_\_  
Injured Body Part \_\_\_\_\_

## Drug and/or Alcohol Testing (Please check type and reason below)

### Type of Test

Using our lab and MRO

- Breath Alcohol Test (Please check  DOT or  Non-DOT)
- 5-Panel Urine Drug Screen (Non-DOT)
- DOT Urine Drug Screen (Expanded 5-Panel)  
Please check one...  FMCSA  FAA  FRA  
 FTA  PHMSA  USCG
- Rapid Urine Drug Screen (Non-DOT)  
(Please check  5-panel or  10-panel)  
(2-hour turn-around for negative results)
- 9-Panel Urine Drug Screen (Non-DOT)
- 10-Panel Urine Drug Screen (Non-DOT)
- Hair 5-Panel Drug Screen

OR

Using your company paperwork, lab and MRO

- Collection Only  
Urine Drug Screen  
 DOT  
 Non-DOT
- Collection Only  
Hair Drug Screen
- Using Your Rapid Kit  
Rapid Urine Drug Screen  
 5-panel  
 9-panel  10-panel  
 Other \_\_\_\_\_

### Reason for Drug/Alcohol Testing

- Pre-Placement
- Random
- Post-Accident
- Post-Injury
- Return-to-Duty
- Follow-Up
- Reasonable Suspicion
- Job Specific
- Other \_\_\_\_\_

Photo ID is required!!

### Physical Examination

- DOT (Please check  New Certification or  Re-Cert or  Follow-Up)
- Pre-Placement Basic (Non-DOT)
- Annual\*
- Respirator Clearance  with Fit Test\*  without Fit Test
- Return-to-Work Evaluation\*  
(Notes and release from patient's treating physician are required.)
- Special Company Protocol\* \_\_\_\_\_
- Other \_\_\_\_\_  
\*Appointment Required

### Other Services:

- Physical Abilities Test (PAT)\*
- TB Skin Test/PPD  One Step  Two Step
- Hepatitis A Vaccine
- Hepatitis B Vaccine  Dose 1  Dose 2  Dose 3
- Audiogram
- Flu Vaccine
- Blood Lead Level
- Titmus Vision
- Ishihara 14-plate Color Vision
- Other \_\_\_\_\_  
\*Appointment Required

RESULTS: Company Contact and/or physician call \_\_\_\_\_

Preferred communication (please check all that apply)  phone  fax  e-mail  mail

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax ( ) \_\_\_\_\_  check if confidential fax

BILLING ADDRESS (only if different than above): Company or WC Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ If billing WC Carrier: Claim # \_\_\_\_\_

WC Adjuster or Nurse Case Manager: \_\_\_\_\_ Ph: \_\_\_\_\_ Fx: \_\_\_\_\_

# Locations and Hours of Operation

## 1 Arrowood

MEDICAL CENTER

9720 South Tryon Street  
Charlotte, NC 28273  
704.588.7362  
704.588.9127 fax  
facebook.com/arrowoodmed  
www.arrowoodmed.com

Open 7am - 7pm  
Monday through Saturday

## 2 Riverview

MEDICAL CENTER

1393 Celanese Road  
Rock Hill, SC 29732  
803.329.3103  
803.327.7937 fax  
facebook.com/riverviewmed  
www.riverviewmed.com

Open 24 hours  
Seven days a week

## 2 Occumed

AT RIVERVIEW

1393 Celanese Road  
Rock Hill, SC 29732  
803.327.0033  
803.325.2232 fax  
www.riverviewmed.com

Open 7:30am -5pm  
Monday through Friday

