

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)

<p>Type of Test <i>Using our lab and MRO</i></p> <p><input type="checkbox"/> Breath Alcohol Test (Please check <input type="checkbox"/> DOT <i>or</i> <input type="checkbox"/> Non-DOT)</p> <p><input type="checkbox"/> 5-Panel Urine Drug Screen (Non-DOT)</p> <p><input type="checkbox"/> DOT Urine Drug Screen (Expanded 5-Panel)</p> <p><i>Please check one...</i> <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG</p> <p><input type="checkbox"/> Rapid Urine Drug Screen (Non-DOT) (Please check <input type="checkbox"/> 5-panel <i>or</i> <input type="checkbox"/> 10-panel) (2-hour turn-around for negative results)</p> <p><input type="checkbox"/> 9-Panel Urine Drug Screen (Non-DOT)</p> <p><input type="checkbox"/> 10-Panel Urine Drug Screen (Non-DOT)</p> <p><input type="checkbox"/> Hair 5-Panel Drug Screen</p>	<p>OR</p>	<p><i>Using your company paperwork, lab and MRO</i></p> <p><input type="checkbox"/> Collection Only Urine Drug Screen <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT</p> <p><input type="checkbox"/> Collection Only Hair Drug Screen</p> <p><input type="checkbox"/> Using Your Rapid Kit Rapid Urine Drug Screen <input type="checkbox"/> 5-panel <input type="checkbox"/> 9-panel <input type="checkbox"/> 10-panel <input type="checkbox"/> Other _____</p>
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Reason for Drug/Alcohol Testing

- | | | |
|--|---|---|
| <input type="checkbox"/> Pre-Placement | <input type="checkbox"/> Post-Injury | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Random | <input type="checkbox"/> Return-to-Duty | <input type="checkbox"/> Job Specific |
| <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Follow-Up | <input type="checkbox"/> 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
arrowoodstaff@riverviewmed.com
www.riverviewmed.com

Open 7 am - 7 pm
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 7 am - 11 pm
Seven days a week

2 Occumed

AT RIVERVIEW

1393 Celanese Road
Rock Hill, SC 29732
803.327.0033
803.325.2232 fax

staff@riverviewmed.com
www.riverviewmed.com

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Monday through Friday

