TREATMENT AUTHORIZATION FORM

WorkRight
Occupational Health Services, S.C.
"Your Health Is Our Business"
workrightohs.com

Phone 708 579 4900 Fax 708 579 4901

Date: _____ *(This signed form and Photo ID are required at time of service.)*

WorkRight Location: ☐ Countryside/ 6555 S Willow Springs Road, Countryside 60525

☐ Alsip/ 11921 S. Cicero Avenue, Alsip, IL 60803

***Patient/Employee Name:** _____ ID/Social Security #: _____ DOB: _____

***Employer:** _____

Address: _____ City: _____ Zip: _____

***Treatment Authorized by:** _____ Title: _____

Phone #: _____ Mobile: _____ Fax #:_____ Email: _____

***WORK RELATED:** ☐ **Injury** ☐ **Illness** **Date of Injury:** _____

Nature of visit and special instructions: _____

_____

SUBSTANCE ABUSE TESTING(check all that apply)
- ☐ DOT Drug Screen
- ☐ Non DOT Drug Screen
- ☐ Rapid Drug Screen
- ☐ Breath Alcohol Test ☐ with Confirmation
- ☐ Hair Test
- ☐ Saliva Test
- ☐ Collection Only: ☐Urine ☐Saliva ☐Hair
- ☐ Observe Drug Screen
- ☐ Other/s:

REASON FOR ABUSE TESTING(check all that apply)
- ☐ Pre-placement
- ☐ Post Accident
- ☐ Follow-up
- ☐ Reasonable Cause
- ☐ Random
- ☐ Return to Duty
- ☐ Other _____

PHYSICAL EXAMINATION (check all that
- ☐ DOT Initial
- ☐ DOT Re-certification
- ☐ Regular Pre-Placement
- ☐ School Bus ☐ Driver ☐ Attendant
- ☐ Return to Duty
- ☐ Fitness for Duty
- ☐ Respirator Clearance
- ☐ Spirometry /Pulmonary Function Test

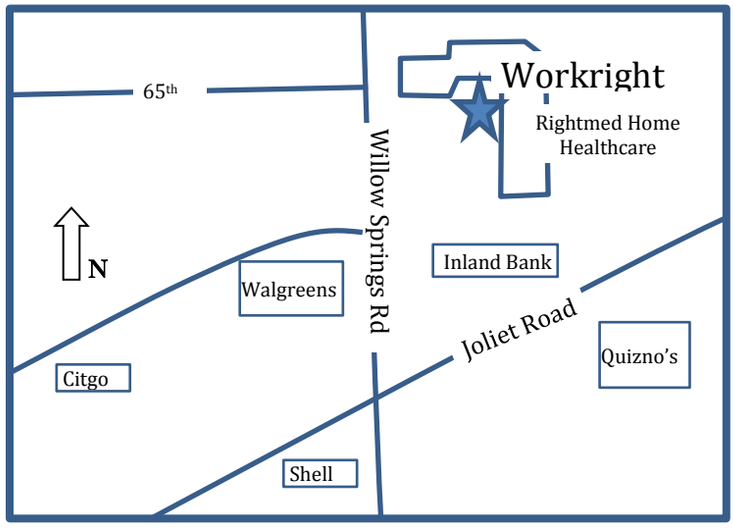
OTHER SERVICES (check all that apply)
- ☐ TB
- ☐ Audiogram
- ☐ Vision
- ☐ Asbestos
- ☐ EKG
- ☐ Vaccine(e.g. Flu, TB, Hepatitis)
- ☐ Lab
- ☐ X-Ray

***BILLING:** ☐ Employee to pay charges *We accept cash, check payment or credit card payments: MC, VISA, Discover, American Express*

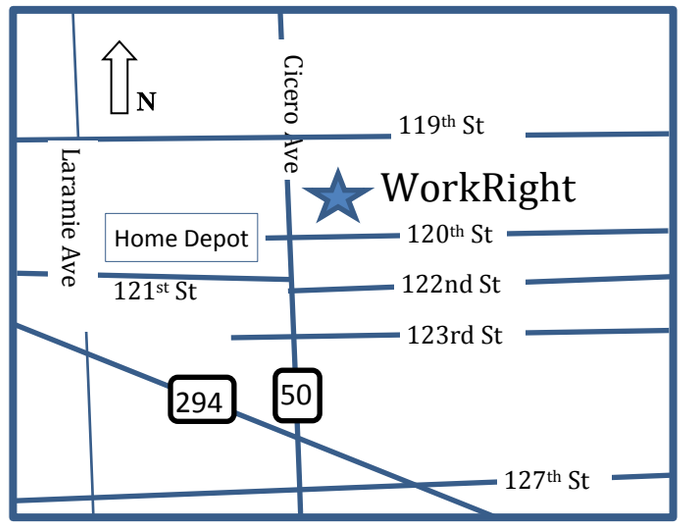
☐ Bill Employer: _____
Address: _____

☐ Bill W/C Insurance: _____
Address: _____

WorkRight also accepts Urgent Medical Care & Rehabilitation services for non-work related injuries or illnesses.
This form is also available at our website www.workrightohs.com



Countryside LOCATION
6555 S. Willow Springs Road Ste 6
Countryside, IL 60525
CLINIC HOURS: M-F 7:00AM-7:00PM



ALSIP LOCATION
11921 S. Cicero Avenue
Alsip, IL 60803
CLINIC HOURS: M-F 8:00AM-5:00PM

*Please send your employee at least 30 minutes for a single service before we close. Thank you.