

# WORKRIGHT TREATMENT AUTHORIZATION FORM

(This signed form and Photo ID are required at time of service.)



Phone: 708-579-4900 Fax: 708-579-4901 email: [team@wrohs.com](mailto:team@wrohs.com)

Locations:  6555 S Willow Springs Road, Countryside 60525  
 11921 S. Cicero Avenue, Alsip, IL 60803

Date: \_\_\_\_\_

\*Patient/Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Treatment Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

\*Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

\*WORK RELATED:  Injury  Illness Date of Injury: \_\_\_\_\_ Part/s of body: \_\_\_\_\_

Nature of visit and special instructions: \_\_\_\_\_

### SUBSTANCE ABUSE TESTING

- Drug Test  DOT  Non-DOT  Observed
- Rapid Drug Test (Non-DOT)
- Breath Alcohol Test  DOT  Non-DOT
- Hair Test
- Saliva Test
- Collection Only:  Urine  Saliva  Hair
- Other \_\_\_\_\_

### REASON FOR ABUSE TESTING

- Pre-employment
- Random
- Post-Accident
- Reasonable Cause
- Follow-Up
- Return to Duty
- Periodic
- Other \_\_\_\_\_

### PHYSICAL EXAMINATION

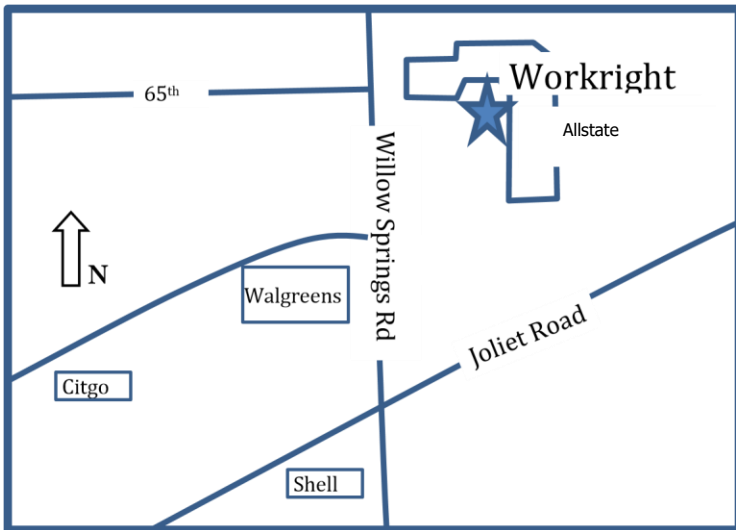
- DOT  Initial  Re-certification
- Regular  Pre-employment  Annual
- School Bus  Driver  Attendant
- Return to Duty
- Fitness for Duty
- Respirator
- Spirometry /Pulmonary Function Test
- Asbestos

### OTHER SERVICES

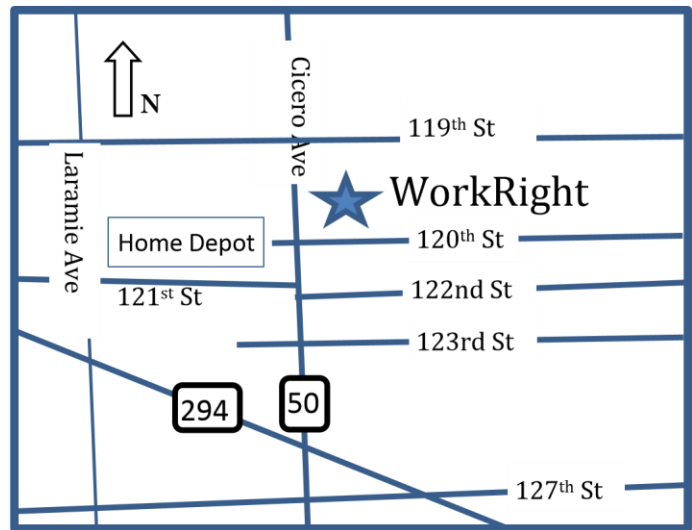
- TB  Chest X-Ray
- Audiogram
- Vision
- EKG
- X-Ray
- Lab
- Vaccine ( Flu, TB, Hepatitis )
- Other \_\_\_\_\_

<p><b>*BILLING:</b></p> <p><input type="checkbox"/> Employee to pay charges</p> <p>We accept cash, check payment or credit card payments: MC, VISA, Discover, American Express</p>	<p><input type="checkbox"/> Bill Employer: _____</p> <p>Address: _____</p>	<p><input type="checkbox"/> Bill W/C Insurance: _____</p> <p>Address: _____</p>
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WorkRight also accepts Urgent Medical Care & Physical Therapy services for non-work related injuries or illnesses.



**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\*\***

This form is also available at our website [www.wrohs.com](http://www.wrohs.com)