

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

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

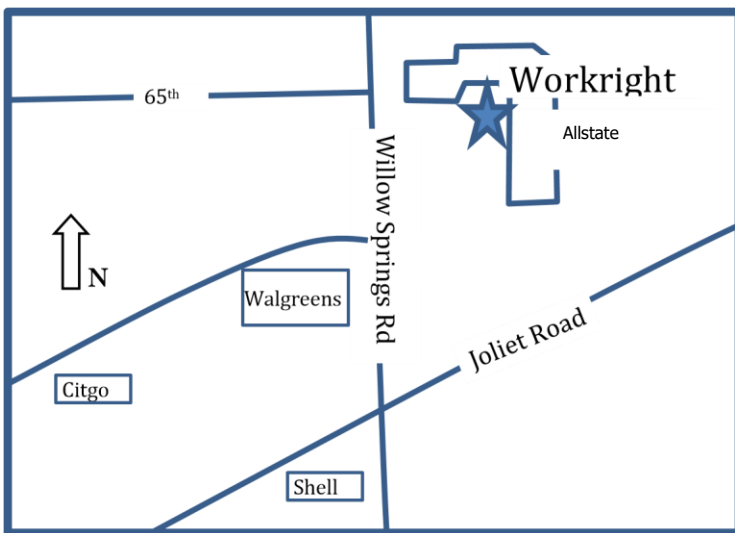
- DOT Initial Re-certification
- Regular Pre-employment Annual
- School Bus Driver Attendant
- Return to Duty
- Fitness for Duty
- Respirator
- Spirometry /Pulmonary Function Test
- Asbestos

OTHER SERVICES

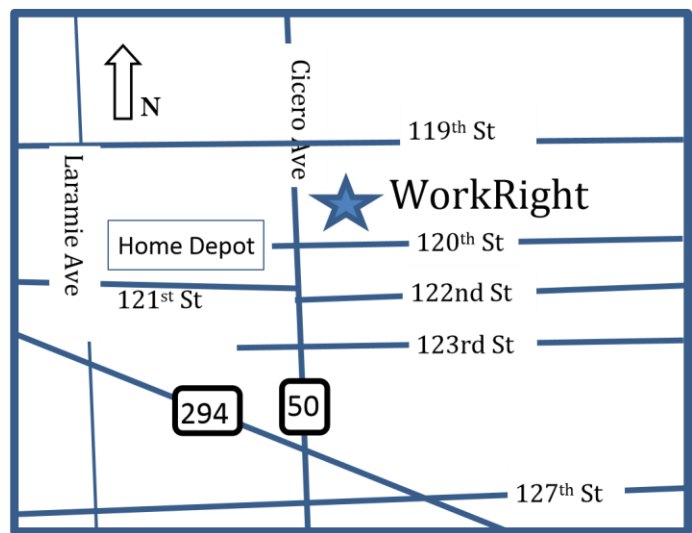
- TB Chest X-Ray
- Audiogram
- Vision
- EKG
- X-Ray
- Lab
- Vaccine (Flu, TB, Hepatitis)
- Other _____

<p>*BILLING:</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 8:00AM-5:00PM



ALSIPO 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