MEDICAL TREATMENT AUTHORIZATION

NOTE: **ALL EMPLOYEES PRESENTING FOR A DRUG SCREEN AND/OR ALCOHOL SCREEN MUST HAVE A VALID PHOTO ID**

EMPLOYEE NAME:_____ **SS #**_____

COMPANY NAME:_____

COMPANY PHONE #:_____ **FAX #:**_____

Company Representative Authorizing Treatment (print name):_____

Company Representative Signature:_____

The above employee is scheduled on_____ at_____
(Date) **(Time)**

SELECT CLINIC:

__CROWN POINT
(219) 662-5500
F (219) 662-9684

__MUNSTER
at Franciscan
Hammond Clinic
(219) 836-4690
F (219) 836-3609

__HAMMOND
(219) 852-2472
F (219) 852-2567

__MICHIGAN CITY
(219) 879-5400
F (219) 879-5900

__WORKINGWELL the Port
(219) 787-8662
F (219) 787-8420

__WorkingWell Willowcreek
(219) 764-8439
F (219) 764-8463

__WorkingWell Rt. 30
(219) 464-7073
F (219) 464-7543

___WorkingWell Rensselaer
(219)-866-0411
F 219-866-1920

CHECK SERVICES NEEDED

☐ **Diagnosis & Treatment** (Injury)

☐ **Physical Examination** (choose one)

☐ **Non-DOT** physical (basic physical)
☐ **DOT** physical
☐ Other_____

CHECK TYPE OF DRUG TESTING NEEDED:

☐ **NON-DOT** Urine Drug Screen (Chain of Custody)
☐ **DOT** Urine Drug Screen
☐ **Instant Urine Drug Screen** (Not Available at Emergency Department)
☐ **Collection Only** Urine Drug Screen ☐ **Non-DOT** ☐ **DOT** Laboratory:_____
☐ **BAT** (Breath Alcohol) ☐ ☐ **Non-DOT** ☐ **DOT**
☐ **Hair Analysis** (Not Available at Emergency Department)
☐ Other:_____

CHECK REASON FOR DRUG TEST: (Pre-Placement & Random drug screens not available at Emergency Department)

☐ Pre-Placement ☐ Random ☐ Post-Accident ☐ Reasonable Cause ☐ Post Injury

CHECK ANY ADDITIONAL SERVICES NEEDED:

☐ Respirator Questionnaire
☐ Pulmonary Function Test
☐ Audiogram/Hearing Test
☐ Hepatitis B Surface Antibody (Titer)
☐ Respirator Fit Testing
☐ Hepatitis B Series (3 injections STANDARD)
☐ OTHER:_____

For **after hour injuries and post** –**accident drug screens**, please complete this form and report to the Emergency Department
Location information and Maps on other side

FOR INTERNAL WORKING WELL USE ONLY
Verbal Authorization from:_____
Date: Time:

WW Signature:_____