



(Patient must present Authorization and Photo ID at the time of service.)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: **548 Market St. San Francisco CA 94104** Location Number: _____

Temporary Staffing Agency: _____

Work Related

☐ Injury ☐ Illness

Date of Injury _____

Substance Abuse Testing[★] (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen

☐ Rapid drug screen
Rapid xCup/10 Panel

☐ Other _____

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments:

Please fill out all blue boxes. Make sure to check mark TB skin test or Drug Screen if you need one. Add the date you plan to visit Concentra.

Authorized by: _____

Please print

Phone: _____

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation[★]

☐ HAZMAT ☐ Medical Surveillance

☐ Other **TB Skin Test**

Billing (check if applicable)

☒ Employee to pay charges

[★] Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: _____

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)