

## Employer Services Authorization Form

This agreement from the company listed below grants permission to Sisters of Mercy Urgent Care Inc. DBA MERCY URGENT CARE and Mercy Occupational Medicine to perform the selected services for the patient/employee mentioned on the form. When sending an employee to Mercy Urgent Care / Mercy Occupational Medicine, ONLY authorized services selected below will be performed.

If additional services need to be added, this form must be updated prior to sending an employee.

### Account Information

Patient name \*

Patient date of birth

Authorization date \*

Authorization expiration date

Company name \*

Person authorizing services \*

### Authorized Occ-Med Services to be performed

Please indicate the services you are authorizing to be performed for the above mentioned employee — ONLY services selected will be performed. If additional services need to be added, this form must be updated prior to seeing the employee.

#### DRUG SCREEN/ BREATH ALCOHOL OPTIONS

☐ 4 PANEL DRUG SCREEN (Amphetamine, Methamphetamine, Opiates, Cocaine)

☐ 5 PANEL DRUG SCREEN (Amphetamine, Methamphetamine, Opiates, Cocaine, THC)

☐ 7 PANEL DRUG SCREEN (Amphetamine, Opiates, Cocaine, THC, Barbiturate, Benzodiazepines, Phencyclidine)

☐ 10 PANEL DRUG SCREEN (Amphetamine, Opiates, Cocaine, THC, Barbiturate, Benzodiazepines, Phencyclidine, Methaqualone, Methadone, Propoxyphene)

☐ SALIVA DRUG SCREEN

☐ DOT DRUG SCREEN

☐ DRUG SCREEN (Collection only)

☐ DOT BREATH ALCOHOL

☐ NON-DOT BREATH ALCOHOL

☐ HAIR DRUG SCREEN (Collection only)

☐ HAIR DRUG TEST (Performed on Mercy account)

☐ DIRECT OBSERVED

☐ NON-DOT DRUG SCREEN

# MERCY OCCUPATIONAL MEDICINE

## PHYSICALS

- |   |  |
|---|--|
| <input type="checkbox"/> MERCY URGENT CARE PRE- EMPLOYMENT/ STANDARD PHYSICAL | <input type="checkbox"/> EAR LAVAGE (DOT add-on) |
| <input type="checkbox"/> CUSTOM/COMPANY SPECIFIC PHYSICAL                     | <input type="checkbox"/> GLUCOSE (DOT add-on)    |
| <input type="checkbox"/> ERGONOMICS PHYSICAL ABILITY TEST                     | <input type="checkbox"/> AUDIO (DOT add-on)      |
| <input type="checkbox"/> NON-DOT PHYSICAL                                     | <input type="checkbox"/> EKG (DOT add-on)        |
| <input type="checkbox"/> DOT PHYSICAL   | <input type="checkbox"/> A1C (DOT add-on)        |

*Please note that if physicals require multiple components, an appointment with our Occ Med Team may be required.*

## WORKERS' COMPENSATION

- |   |   |
|---|---|
| <input type="checkbox"/> WC INITIAL VISIT | <input type="checkbox"/> WC RECHECK (No authorization required) |
|---|---|

## Workers' Compensation Contact Information

*A fax number or email address is required for work status updates*

Company contact to receive provider reports \*

Contact phone \*

First

Last

Workers' Comp (WC) insurance carrier

Claim number

Fax number

Email

# MERCY OCCUPATIONAL MEDICINE

## LABS

- |  |  |
|--|--|
| <input type="checkbox"/> CMP             | <input type="checkbox"/> MMR TITER                   |
| <input type="checkbox"/> LIPID PANEL     | <input type="checkbox"/> TB GOLD QUANTIFERON         |
| <input type="checkbox"/> CBC             | <input type="checkbox"/> OSHA LEAD TESTING           |
| <input type="checkbox"/> HEP B TITER     | <input type="checkbox"/> URINE CHROMIUM (HEXAVALENT) |
| <input type="checkbox"/> VARICELLA TITER |  |

## CHEST X-RAYS

- ☐ SINGLE VIEW X-RAY
- ☐ TWO VIEW X-RAY
- ☐ B READER

## VACCINES

- ☐ FLU\*
- ☐ TD\*
- ☐ TDAP\*
- ☐ HEP B\* (SERIES OF 3/ EA)

## OTHER SERVICES

- |   |   |
|---|---|
| <input type="checkbox"/> TITMUS/ ISHIHARA/ VISION | <input type="checkbox"/> OSHA FIT TEST QUESTIONNAIRE      |
| <input type="checkbox"/> PPD                      | <input type="checkbox"/> FIT TEST                         |
| <input type="checkbox"/> AUDIO                    | <input type="checkbox"/> SPIROMETRY (by appointment only) |
| <input type="checkbox"/> EKG                      | <input type="checkbox"/> PEAK FLOW (by appointment only)  |

## OTHER SERVICES NOT LISTED

## ANY ADDITIONAL NOTES OR DETAILS