



Temecula
24 Hour Urgent Care
 We're here when you need us.
 41715 Winchester Road Ste. 101
 Temecula, CA 92590
 Ph: 951.308.4451
 temecula24hoururgentcare.com



Carlsbad Urgent Care
San Marcos
 We're here when you need us.
 295 S. Rancho Santa Fe Road
 San Marcos, CA 92078
 Ph: 760.471.1111
 sanmarcos.care

Employer Profile

Company name:

Address:

Special Instructions:

Work Comp

Work Comp Contact: _____

After Hour Contact: _____

Phone #: _____

Work Comp Insurance:

Policy #: _____

Insurance Phone #: _____

2nd Work Comp Insurance (if Applicable)

2nd Policy Number _____

Work status/results report to (choose one):

- Secure fax:** _____
- Non Secure Fax:** _____
- Email:** _____
- Give patient two copies:** _____

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Billing

Billing Contact: _____

Billing Address: _____

Billing Contact: _____

Billing Phone #: _____ Billing Fax: _____

Completed By: _____ X _____

Print Name

Signature and Date

Check box if filled out over the phone

AUTHORIZATION FOR TREATMENT FORM

Company Name: _____
 Employee Name: _____
 Position / Job Title: _____

PLEASE CHECK ALL ITEMS AND PROCEDURES THAT YOU REQUIRE FOR YOUR EMPLOYEE.

OCCUPATIONAL HEALTH / PRE-EMPLOYMENT EXAMS

****NOTE:** Photo I.D. required for all drug screens and Breath Alcohol Tests.

Type of PHYSICAL EXAM:

- DOT / DMV Physical Exam
 BASIC Physical Exam

OTHER SERVICES:

- Audiogram
 Back X-Ray
 Chest X-Ray
 EKG
 Hep. B Titer / Series *(if not immune)*
 MMR Titer / Vaccine
 Range of Motion / Back Exam
 Spirometry / PFT
 TB / PPD Skin Test
 Varicella Titer / Vaccine

SELECT TYPE/S OF DRUG SCREEN/S:

CHECK ALL THAT ARE APPLICABLE.

Drug Screens Below are **SENT TO LABS** for results.

Check Below for **IN-HOUSE** Drug Screens:

- DOT Drug Screen
 Non-DOT Drug Screen
 Hair Follicle Collection

- Rapid 5-Panel Screen
 Rapid 9-Panel Screen
 Rapid 10-Panel Screen

CHECK ALL THAT ARE APPLICABLE FOR DRUG SCREEN:

- OBSERVED** Drug Screen **PRE-EMPLOYMENT** **Post-Accident (No Injury)**
 RANDOM Drug Screen **RETURN TO DUTY** **Reasonable Suspicion**
 FOLLOW-UP _____

Type of BREATH ALCOHOL TEST:

- DOT Non-DOT

WORKERS' COMPENSATION

****NOTE:** Photo I.D. required for all drug screens and Breath Alcohol Tests.

Post-Injury PROTOCOLS:

(Check All That Apply):

- Restricted Duties Available
 Modified Duties Available
 No Modified Duties Available
 Follow Employer's Protocol
 File **WC INSURANCE**
 Use **WC Credit Card on File**
 Treat **AS FIRST AID** *if possible*

Post-Injury DRUG SCREEN:

(Check All That Apply):

- Required Not Required

SELECT TYPE/S OF DRUG SCREEN/S:

- DOT Drug Screen
 Non-DOT Drug Screen
 Hair Follicle Collection

Check Below for **IN-HOUSE** Drug Screens:

- Rapid 5-Panel Screen
 Rapid 9-Panel Screen
 Rapid 10-Panel Screen

Check Below if **Applicable:**

- OBSERVED** Drug Screen

Post-Injury BREATH ALCOHOL TEST:

- Required Not Required

Type of BREATH ALCOHOL TEST:

- DOT Non-DOT

REPORT RESULTS TO:

(Contact First & Last Name)

(Position / Title)

Report Results via: *(Check all that apply.)*

Fax: _____

Phone: _____

Mail / Email: _____

Signature of Authorized Representative's Signature

Date

Printed Name of Authorized Representative: _____