



AUTHORIZATION FOR TREATMENT

Please fill out all sections of this form and either send with the employee, fax, or email to the appropriate clinic location. See contact info at bottom of page.

Does your company have an existing account with In & Out Urgent Care? YES/NO

| EMPLOYEE INFORMATION | | | |
|--------------------------|------------------|---------------|--------------|
| Name (Last, First) | | | Today's date |
| Date of Birth | Employee phone # | SS# | |
| EMPLOYER INFORMATION | | | |
| Employer/Company Name | Company Phone # | Company Fax # | |
| Employer/Company Address | City | State | Zip |
| Authorized by: | Title: | Date: | |

PLEASE CHECK ALL REQUESTED SERVICES AT TODAY'S VISIT.

| | |
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| <p>INJURY EVALUATION</p> <p><input type="checkbox"/> Injury/accident evaluation and treatment – Please provide a brief reason for visit and list injured body area and date of injury below.</p> <p>_____</p> <p>**If billing visit directly to work comp carrier, please list the following:</p> <p>Carrier: _____</p> <p>Address: _____</p> <p>Adjuster: _____</p> <p>Phone #/ fax # _____</p> <p>Claim # (if known) _____</p> <p>PHYSICAL</p> <p><input type="checkbox"/> DOT/CDL Physical Exam</p> <p><input type="checkbox"/> Pre-employment Physical Exam (non-DOT)</p> <p>OCCUPATIONAL TESTING</p> <p><input type="checkbox"/> TB skin test</p> <p><input type="checkbox"/> Immunity titers (please call to specify)</p> <p><input type="checkbox"/> Other (call to discuss availability)</p> | <p>DRUG SCREENS (select reason and type)</p> <p>REASON for testing:</p> <p><input type="checkbox"/> Pre-employment</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Suspicion</p> <p><input type="checkbox"/> Post-accident</p> <p><input type="checkbox"/> Return to duty</p> <p><input type="checkbox"/> Follow-up</p> <p><input type="checkbox"/> Other _____</p> <p>TYPE of URINE DRUG SCREEN:</p> <p><input type="checkbox"/> DOT (send-out)</p> <p><input type="checkbox"/> Non-DOT (send-out)</p> <p><input type="checkbox"/> 5 panel</p> <p><input type="checkbox"/> 10 panel</p> <p><input type="checkbox"/> RAPID Non-DOT</p> <p><small>*any non-negative rapid test will be sent out for confirmation per protocol – additional fee applies</small></p> <p><input type="checkbox"/> 5 panel</p> <p><input type="checkbox"/> 12 panel</p> |
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 NEW ORLEANS | METAIRIE | LAKESIDE

Visit us online at <https://inandouturgentcare.com/>