

## Treatment Authorization

- |                                                                                                                                                       |                                                                                                                                                           |                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> MidMichigan Urgent Care - Alma<br>321 E. Warwick Drive • Alma, MI 48801<br>Phone: (989) 466-3340 • Fax: (989) 466-6805       | <input type="checkbox"/> MidMichigan Urgent Care - Clare<br>700 W. Fifth Street • Clare, MI 48617<br>Phone: (989) 386-9911 • Fax: (989) 386-9913          | <input type="checkbox"/> MidMichigan Urgent Care - Freeland<br>5694 Midland Road • Freeland, MI 48623<br>Phone: (989) 695-4999 • Fax: (989) 695-4959 |
| <input type="checkbox"/> MidMichigan Urgent Care - Midland<br>3009 N. Saginaw Road • Midland, MI 48640<br>Phone: (989) 633-1330 • Fax: (989) 633-1355 | <input type="checkbox"/> MidMichigan Urgent Care - West Branch<br>640 Court Street - West Branch, MI 48661<br>Phone: (989) 345-8130 • Fax: (989) 345-8129 | <input type="checkbox"/> MidMichigan Urgent Care - Gladwin<br>609 Quarter Street Gladwin MI 48624<br>Phone: (989) 246-9430 • Fax: (989) 246-9435     |

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Print Name \_\_\_\_\_ Fax: \_\_\_\_\_

**Appointment**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_  AM  PM

*\* Picture I.D. required. If you wear glasses, please bring them.*

**Injury**

Nature of Injury: \_\_\_\_\_ Injury Date: \_\_\_\_ / \_\_\_\_

**Physical Exam**

- Pre-Employment Physical
- DOT Physical
- Expanded Physical
- Flight Physical (Gratiot Only)

***By Appointment Only***

- Company Specific Physical and Functional Assessment
- Strength and Flexibility Assessment
- Fit for Duty Exam
- Other (please specify) \_\_\_\_\_

**Drug Testing**

- Non - DOT Urine Drug Screen
- DOT Urine Drug Screen
- Hair Drug Collection
- Collect Only
- Non - DOT Breath Alcohol\*
- DOT Breath Alcohol\*
- Rapid Drug Test
- Other: \_\_\_\_\_

**Reason For Test**

- Pre-employment
- Random
- Post - Accident
- Reasonable Suspicion/For Cause
- Return to Duty
- Follow Up
- Other: \_\_\_\_\_

**Respirator Fit Testing\***

- Respirator Fit Testing
- Respirator Medical Evaluation
- Respirator Questionnaire
- Mask Fit Only

***By Appointment Only***

**Other Services**

- Audiogram (OSHA hearing test)
- PFT \* Not Houghton Lake
- TB Test
- L.S. Spine X-ray \_\_\_\_\_ View
- Hepatitis B Vaccine
- Other: \_\_\_\_\_
- Vision Screening

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_