

# Concentra for UVM

Patient Must Present Photo ID at Time of Service

## AUTHORIZATION for EXAMINATION or TREATMENT

\*Due to the nature of these **specific** services, only the patient & staff are allowed in the testing/treatment area. Please alert your employee so that s/he can make arrangements for children or others that might otherwise accompany her/him to the medical center.

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER University of Vermont DEPARTMENT \_\_\_\_\_

ADDRESS 85 S. PROSPECT BURLINGTON VT 05405

WORK-RELATED ILLNESS  INJURY

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  Drug-Free Workplace

Other \_\_\_\_\_

### TYPE OF SUBSTANCE ABUSE TESTING

Pre-placement  Reasonable Cause

Post-Accident  Random

Follow-Up

Special instructions/comments: \_\_\_\_\_

### PHYSICAL EXAMINATION

Pre-Placement  Baseline  Annual  Exit

### DOT PHYSICAL EXAMINATION

Pre-Placement  Re-certification

### SPECIAL EXAMINATION

Asbestos  Respirator  Audiogram

Human Performance Evaluation \*

Immunization  Medical Surveillance

Animal Handler Clearance  HAZMAT

Other \_\_\_\_\_

### BILLING (Check if applicable)

Employee to pay charges

AUTHORIZED BY \_\_\_\_\_ TITLE \_\_\_\_\_

Please Print

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

DATE \_\_\_\_\_

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