Wilson Immediate Care, PA
1725 S. Tarboro St. SW
Wilson, NC
(252)237-2891

MEDICAL TREATMENT AUTHORIZATION FORM

Patient Name:_____Date:_____

Employer Name:_____Employer Phone:_____

Bill To:_____Address:_____

Authorizing Signature:_____

Please advise your employee picture id is require at time of service.

PLEASE INDICATE THE SERVICES YOUR COMPANY IS AUTHORIZING FOR THE PATIENT LISTED ABOVE

Reason For Visit

Employee Injury Care

( ) Workers' Comp Injury Visit
( ) Workers' Comp Follow Up
( ) Date of Injury_____

Drug Screens

( ) DOT Drug Screen
( ) Non DOT Drug Screen

Physicals

( ) Pre Employment
( ) DOT Physical
( )Glucose testing if needed
( ) NON DOT Physicals
( )Glucose testing if needed

Alcohol Testing

( ) Breath Alcohol
( ) Blood Alcohol

( ) Pre Employment
( ) Post Accident
( ) Random
( ) Reasonable Cause
( ) Rapid Drug Screen

( ) Return To Work
( ) Other_____
( ) Visual Screening
( ) Audiogram
( ) Pulmonary Function

Please indicate the appropriate test

Health Screenings

( ) Hepatitis B Vaccine
( ) Hepatitis B Titer
( ) TB/PPD

( ) Flu Shot
( ) Other_____
( ) Other_____

**PLEASE FAX ALL RESULTS PERFORMED TO:

Name:----------

Fax:----------

FAX OR EMAIL COMPLETED FORM TO
(252)237-7493 OR wicoffice@centurylink.net