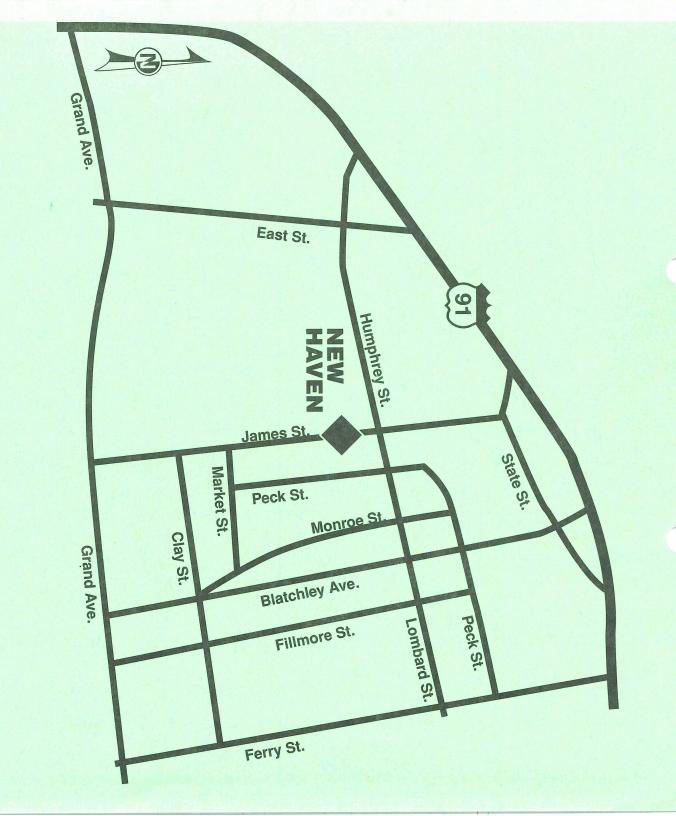
Concentra !

(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name:	Social Security Number:
Employer:	Date of Birth:
Street Address:	Location Number:
Temporary Staffing Agency:	
Work Related Injury Illness	Physical Examination
Date of Injury	□ Preplacement □ Baseline □ Annual □ Exit
Substance Abuse Testing* (check all that apply)	DOT Physical Examination
☐ Regulated drug screen ☐ Breath alcohol	☐ Preplacement ☐ Recertification
☐ Collection only ☐ Hair collect	Special Examination
☐ Non-regulated drug screen ☐ Rapid drug screen	□Asbestos □ Respirator □ Audiogram
☐ Drug Free Workplace	☐ Human Performance Evaluation*
Other	☐ HAZMAT ☐ Medical Surveillance
Type of Substance Abuse Testing	Other
☐ Preplacement ☐ Reasonable cause	Billing (check if applicable)
□ Post-accident □ Random	☐ Employee to pay charges
☐ Follow-up	
pecial instructions/comments:	★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment
	area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.
Authorized by:	Title:
hone: ()	
	Date

Concentra now offers urgent/immediate medical care services for non-work related illness and injury. We accept many insurance plans.



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