



Authorization for Examination or Treatment

(Patient Must Present Photo ID at Time of Service)

SE HABLA ESPANOL

Patient Name: _____
Employer: _____
Address: _____
Carrier: _____

Date of Birth: _____
Phone: _____
City: _____ Zip: _____
Claim Number: _____

Work Related

Injury Illness

Date of Injury: _____
Injured Body Part: _____

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Substance Abuse Testing (Check all that apply)

Drug Test Breath Alcohol
 DOT Non DOT
 Collection Only Instant
 Hair Collection
 Other: _____

Special Examination

Asbestos Respirator Audiogram
 X-Ray Tb Test
 Other: _____

Types of Substance abuse Testing

Replacement Reasonable Cause
 Post-Accident Random

Billing (Check if Applicable)

Employee to pay charges

Special Instructions or Other Services: _____

Open 7 Days A Week

UrgentMed Davie

2337 South University Drive
Davie, FL 33324
Phone: (954) 423-9234
Fax: (954) 423-9231

UrgentMed Plantation

10199 Cleary Blvd
Plantation, FL 33324
Phone: (954) 473-8565
Fax: (954) 473-8015

Mon – Fri: 9:00am – 8:00pm * Sat: 9:00am – 5:00pm * Sun: 11:00 am – 5:00 pm

Authorized By: _____ Title: _____
Phone: _____ Date: _____