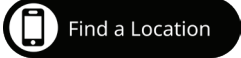




**XpressWellness**  
URGENT CARE



**Integrity**  
URGENT CARE



## EMPLOYER SERVICES AUTHORIZATION

\*\*\*Authorization is ONLY valid for ONE visit\*\*\*

EMPLOYEE NAME \_\_\_\_\_

Employee DOB \_\_\_\_\_ Employee SS# \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

### HOW DO YOU WANT TODAY'S VISIT BILLED?

Employer  Workers' Comp Insurance (WC)

WC CARRIER: \_\_\_\_\_

**SERVICES REQUESTED. PLEASE CHECK ALL THAT APPLY.**

### PHYSICALS

DOT  Pre-Employment  Bus Driver  Other (please specify specific needs below)

### REASON FOR DRUG SCREEN

Pre-Employment  Reasonable Suspicion  Follow-Up  Return to Duty

Random  Post-Accident  Other: \_\_\_\_\_

### URINE DRUG SCREENS (UDS)

Rapid<sup>1</sup>

4 panel (excludes THC)

7 panel

10 panel

Non-DOT Send Out

Do you have your own COC?

Yes  No

If no...  7 panel  10 panel

DOT Send Out

Do you have your own COC?

Yes  No

Testing Agency/Authority  
(must choose one for DOT)

FMCSA  PHMSA  FAA

FTA  HHS  NRC

FRA  USCG

### BREATH ALCOHOL TEST (BAT)

DOT

Non-DOT

HAIR FOLLICLE

Do you have your own COC?

Yes  No

### OTHER

Flu Vaccine

Hepatitis B Vaccine

Tetanus Shot

TB/PPD Skin Test

Lift Test (\_\_\_\_\_ pounds)

Hearing Test<sup>2</sup>

Jamar Grip Test

Respiratory Fit Test<sup>2</sup>

Pulmonary Function Test<sup>2</sup>

Chest X-ray (2 view)

Lumbar X-ray

EKG

Other \_\_\_\_\_

Vision Test

Snellen (far)

Jaeger (near)

Ishihara (color)

<sup>1</sup>Rapid: If rapid is non-negative, it will be sent to the lab for confirmation testing and may delay results to the employer.

<sup>2</sup>Only offered at certain locations

FOR XPRESS OFFICE USE ONLY:

PID: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Was this a verbal authorization?

YES  NO

### AUTHORIZED EMPLOYEE REPRESENTATIVE

Date \_\_\_\_\_

Authorized By \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Additional Instructions/Comments:

\_\_\_\_\_

\_\_\_\_\_