

1702 Ohio Ave
Lynn Haven, FL 32444



**URGENT
CARE**

Ph: (850) 571 – 5844
Fax: (850) 571 – 5845

Authorization for Services

Patient Name: _____ **Date:** _____

Date of Birth: _____ **Social Security Number:** _____

Company Name: _____

Please indicate below which services we are to provide:

- Pre-Employment Physical
 - DOT Physical
 - Drug Testing:
 - ❖ Reason for drug testing:
 - Pre-employment
 - Random
 - Post Accident
 - Other: _____
 - Coastal's MRO
 - Your MRO
 - 10 Panel DFWP (Non-DOT)
 - Rapid (Instant)
 - DOT: For ALL DOT drug testing, please indicate an agency below:
 - FMSCA
 - FTA
 - FRA
 - FAA
 - PHMSA
 - USGC
- Additional Services:

Portion below for Work Comp Treatment ONLY

- Workers Compensation Injury:
 - Date of Injury: _____
 - Injury to (Body Part): _____
 - Provide Medical Treatment Only
 - Provide Drug Testing Only
 - Both Medical Treatment and Drug Testing

Work Comp Insurance Carrier: _____

Authorizing Information

Authorized Signature: _____

Contact Name (please print): _____