

## Treatment Authorization

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> MidMichigan Urgent Care - Alma<br>321 E. Warwick Drive • Alma, MI 48801<br>Phone: (989) 466-3340 • Fax: (989) 466-6805       | <input type="checkbox"/> MidMichigan Urgent Care - Clare<br>700 W. Fifth Street • Clare, MI 48617<br>Phone: (989) 386-9911 • Fax: (989) 386-9913          | <input type="checkbox"/> MidMichigan Urgent Care - Freeland<br>5694 Midland Road • Freeland, MI 48623<br>Phone: (989) 695-4999 • Fax: (989) 695-4959 |
| <input type="checkbox"/> MidMichigan Urgent Care - Midland<br>3009 N. Saginaw Road • Midland, MI 48640<br>Phone: (989) 633-1330 • Fax: (989) 633-1355 | <input type="checkbox"/> MidMichigan Urgent Care - West Branch<br>640 Court Street - West Branch, MI 48661<br>Phone: (989) 345-8130 • Fax: (989) 345-8129 | <input type="checkbox"/> MidMichigan Urgent Care - Gladwin<br>609 Quarter Street Gladwin MI 48624<br>Phone: (989) 246-9430 • Fax: (989) 246-9435     |

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Print Name \_\_\_\_\_ Fax: \_\_\_\_\_

**Appointment**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_  AM  PM

*\* Picture I.D. required. If you wear glasses, please bring them.*

**Injury**

Nature of Injury: \_\_\_\_\_ Injury Date: \_\_\_\_ / \_\_\_\_

**Physical Exam**

- Pre-Employment Physical
- DOT Physical
- Expanded Physical
- Flight Physical (Gratiot Only)

**By Appointment Only**

- Company Specific Physical and Functional Assessment
- Strength and Flexibility Assessment
- Fit for Duty Exam
- Other (please specify) \_\_\_\_\_

**Drug Testing**

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Non - DOT Urine Drug Screen | <input type="checkbox"/> DOT Urine Drug Screen | <input type="checkbox"/> Hair Drug Collection | <input type="checkbox"/> Collect Only |
| <input type="checkbox"/> Non - DOT Breath Alcohol*   | <input type="checkbox"/> DOT Breath Alcohol*   | <input type="checkbox"/> Rapid Drug Test      |                                       |
| <input type="checkbox"/> Other: _____                |  |   |                                       |

**Reason For Test**

- |   |                                    |  |   |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Pre-employment | <input type="checkbox"/> Random    | <input type="checkbox"/> Post - Accident | <input type="checkbox"/> Reasonable Suspicion/For Cause |
| <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Follow Up | <input type="checkbox"/> Other: _____    |   |

**Respirator Fit Testing\***

- |   |  |
|---|--|
| <input type="checkbox"/> Respirator Fit Testing   | <input type="checkbox"/> Respirator Medical Evaluation |
| <input type="checkbox"/> Respirator Questionnaire | <input type="checkbox"/> Mask Fit Only                 |

**By Appointment Only**

**Other Services**

- |   |   |
|---|---|
| <input type="checkbox"/> Audiogram (OSHA hearing test)<br><input type="checkbox"/> TB Test<br><input type="checkbox"/> Hepatitis B Vaccine<br><input type="checkbox"/> Vision Screening | <input type="checkbox"/> PFT * Not Houghton Lake<br><input type="checkbox"/> L.S. Spine X-ray _____ View<br><input type="checkbox"/> Other: _____<br>_____<br>_____ |
|---|---|

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_