NextCare® URGENT CARE

AUTHORIZATION FOR OCCUPATIONAL SERVICES

Employee Name: _____ DOB _____

Company Name: TX Orenda Education

Company Address: 2951 Williams Drive Georgetown, TX 78628

Company Telephone: (512) 869-3020

Company Email: Teresa.Moreno@OrendaEducation.org **and** Marta.Perez-Guerra@OrendaEducation.org

PHYSICALS

☐ Pre-Employent ☐ DOT Physical

☐ Return to Work

MEDICAL TREATMENT

Date & Time of Injury: _____

Injury Type: _____

Injury Description: _____

DRUG SCREEN

☐ DOT

☐ Non-DOT Full Service Oral 10 Panel

☐ Rapid In-House Panel _____

BREATH ALCOHOL TESTING

☐ DOT ☐ Non-DOT

REASON FOR TESING

(please select one)

☐ Pre-Employment

☐ Post-Accident

☐ Random

☐ Reasonable Suspicion

☐ Return to Duty

Other:

WORKERS COMPENSATION INFORMATION

CARRIER: _____

BILLING ADDRESS: _____

POLICY #: _____

CLAIM #: _____

ADJUSTER'S NAME: _____

PHONE: _____

FAX: _____

OTHER TESTING

☐ RESPIRATOR FIT TEST

☐ HALF FACE MASK

☐ FULL FACE MASK

☐ LUMBAR- XRAY _____

☐ EKG

☐ Qualitative Fit testing RFT

☐ Audio

NOTES

AUTHORIZED BY: _____ DATE: _____

TITLE: _____ PHONE: _____