


AUTHORIZATION FOR TREATMENT

ALL services included in the account profile for respective service WILL be performed unless otherwise stated

Company Name Allen Park Public Schools Location _____
 Employee or Prospective Employee Name _____
 Company representative authorizing service Alise Grant Phone 313-827-2105
 Signature of authorization Alise Grant Date _____

Occupational Screening Facility and Training Centers

<p>1st Choice Urgent Care</p> <p>DEARBORN</p> <p>23455 Michigan Ave Between Telegraph and Outer Dr Dearborn, MI 48124 Tel: 313-438-6094 Fax: 313-438-6132 Mon-Fri 8AM-9PM Sat-Sun 9AM-9PM Holidays 9AM-5PM</p>		<p>Preferred clinic</p> <p>OccMed Connect</p> <p>TAYLOR</p> <p>10155 Telegraph Rd Taylor, MI. 48180 Between Goddard and Wick Rd Mon-Fri 9AM-5PM Tel: 734-718-1969 Fax: 734-931-4018 <i>Closed on the Weekend</i></p>
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WORK RELATED INJURY TREATMENT:

Date of injury _____

PHYSICAL EXAMINATIONS:

- Pre-Placement Exam w/10 panel instant test
- Return to Work Exam
- DOT New Hire Exam w/Regulated drug screen
- DOT Recertification (NO DRUG SCREEN)

DRUG AND ALCOHOL SCREENING:

- 10 Panel Instant
- Breath alcohol test
- Non-Regulated (Non-DOT)
- Regulated (DOT)

Reason for screening:

- Pre-Placement Random Reasonable Suspicion
- Post Accident/Injury Follow-Up

VACCINATIONS AND LABORATORY SERVICES:

- PPD/TB PPD/TB 2 Step TDAP Hepatitis B Series

***Onsite training for CPR/AED/1st Aid, DOT
HIPAA and more OSHA mandated and required training

INJURIES AFTER 9PM to 8AM

HF Brownstown ER

(734) 287-9880

23050 West Rd, Brownstown Twp.



Employee MUST follow up with the OccMed Connect the very next business morning

