COMPLETE CARE CENTER
EMERGENCY & FAMILY CARE WITH A Heart
8401 Holly Road
Grand Blanc, MI 48439
810-695-8011

FAX AUTHORIZATION FORM TO 810-695-8002 OR SEND IN WITH PATIENT

Authorization for Exam or Treatment

Please complete the information below:

Employee/Applicant Name: _____ Company: _____

Contact: _____ Phone: _____

Signature: _____ Date: _____

Company authorizing signature (Required)

Purpose of Testing/Treatment

_____Pre-employment _____ Random _____ Post Injury

Services Authorized

Injury Treatment

Treatment of alleged work-related injury/illness

Date of injury: _____ Time of injury: _____

Additional Injury Information: _____

_____

_____

_____

Drug/Alcohol Tests

Patient Instructions: Do not urinate just prior to arriving. You must have a valid photo ID for photocopying.

Drug Screen: ____ 11 Panel _____ Non-DOT Alcohol _____ Other: _____

Physical Exam Requested: _____ Yes _____ No

Additional Services

___ Hepatitis B Titer ___ Hepatitis B Vaccine ___ Other (please describe below)

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