

Employer Authorization

Thank you for choosing MedExpress Urgent Care! Please print clearly to complete this form in its entirety so that we may process your employee's visit efficiently and accurately. This form should be completed by a Designated Employer Representative and hand carried by the employee.

Employee Name: _____ SSN: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Designated Employer Representative (DER): _____

DER Phone Number: _____ - _____ - _____

Existing Account at this Location: **Y N** Contact me to set up an account: **Y N**

Workers Compensation

- Injury Treatment
- Post Accident Drug Testing
- Post Accident Alcohol Testing
- Insurance Carrier: _____

Alcohol Testing

- DOT
- Non-DOT
- Drug Free Workplace

- Breath Alcohol Testing
- Blood Alcohol Testing

- Pre Employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Follow Up

Vaccines

- Flu
- Hepatitis A Hepatitis B
- MMR
- PPD-TB 2 step
- TD-Tetanus
- Other: _____

Urine Drug Screens

- DOT
 - FMCSA FAA FRA
 - PHMSA FTA USCG
- Non-DOT
 - 5 10 MSHA
- Drug Free Workplace
- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Follow Up

- Collection Only
- Use MedExpress MRO

- RAPID 5 panel (Non DOT)
- RAPID 9 panel (Non DOT)

- Direct Observation Required

Lab Info

Name: _____
Address: _____

MRO Info

Name: _____ Phone: _____
Address: _____ Fax: _____

Physical Examinations

- Employment Physical Exam
- DOT Physical Exam
- OSHA Respiratory Exam
- Insurance Exam
- Other _____

Ancillary Services

- Spirometry (PFT, Not OSHA)
- Audiometry (Not OSHA)
- Vision Exam
- XRay-LS Spine 2view 4view
- XRay-CXR PA PA/LAT
- EKG
- LAB-CBC
- LAB-Complete Metabolic Panel
- Other: _____

Titers

- Hepatitis A Hepatitis B
- MMR
- Rubella
- Rubeola
- Varicella

- I authorize MedExpress to treat the employee listed above for the services selected
- MedExpress may dispense medications on-site for workers compensation prescriptions

Authorized Signature (Supervisor or DER) _____ Date _____

Phone _____ Fax _____ Email _____

How would you like us to relay results (fax or email)? _____

MedExpress reserves the right to refuse treatment without employer authorization and will require a patient authorization to be provided separately. Services vary by region and center and not all services listed may be offered at the MedExpress center you have selected. To confirm services, please contact the center directly. This authorization to treat is provided for Urgent Care MSO, LLC and its affiliates (MedExpress Urgent Care; Highlands Ranch Healthcare; Medbrook, an affiliate of MedExpress; and Doctors Walk-In Clinic).