

LifePlex URGENT CARE & OCCUPATIONAL MEDICINE

2855 Miller Dr., Suite 119 ~ Plymouth, IN 46563 ~ 574-941-1000 (Ph) ~ 574-941-1075 (Fax)

Employers Authorization for Care

Please review all sections below.

Check the box of all that apply. Fax Back to: (574)941-1075

Section 1-Authorization

I hereby authorize (Employee's name) _____ to receive the service(s) indicated below.

Company Name: Plymouth Community School Corporation

Injury Description and Date of Occurrence: _____

Section 2-Exams and Physicals

- | | |
|--|---|
| <input type="checkbox"/> Pre-Placement, DOT/School Bus | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Re-Certification, DOT/School Bus | <input type="checkbox"/> Employee pays cash for service(s) marked in this section. |
| <input type="checkbox"/> General/Pre-Placement (Non DOT) | |
| <input checked="" type="checkbox"/> Evaluation of work related injury or illness | |

Section 3-Drug Screening-Check one box on each side

- | | |
|---|---|
| <input type="checkbox"/> Pre-placement | <input type="checkbox"/> DOT drug screen |
| <input type="checkbox"/> Random | <input type="checkbox"/> Non-DOT drug screen |
| <input checked="" type="checkbox"/> Post accident w/alcohol | <input type="checkbox"/> Instant (non-DOT) |
| <input type="checkbox"/> Reasonable suspicion | <input type="checkbox"/> Employee pays cash for service(s) marked in this section. |
| <input type="checkbox"/> Follow-up | |
| <input type="checkbox"/> Return to duty | |

Section 4-Breath Alcohol Testing

- | | | |
|--|---|---|
| <input type="checkbox"/> Random | <input type="checkbox"/> Reasonable suspicion | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Post accident | <input type="checkbox"/> Return to duty | <input type="checkbox"/> Employee pays cash for service(s) marked in this section. |

Section 5-Other Services

- | | |
|--|---|
| <input type="checkbox"/> Pulmonary Function Test | <input type="checkbox"/> Hepatitis B Vac. Series |
| <input type="checkbox"/> Functional Capacity (performed by Lifeplex Rehab) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Audiogram | |
| | <input type="checkbox"/> Employee pays cash for service(s) marked in this section. |

Manager or Supervisor Signature Required

Date _____	Name (Print) _____
Phone # () _____	Signature _____
Notification Time _____	