

# Employer Authorization

Thank you for choosing PromptMed Urgent Care! Please print clearly and fully complete this form so that we may process your employee's visit efficiently and accurately. This form should be completed by a Designated Employer Representative and may be hand carried by the employee, emailed to [auths@promptmed.org](mailto:auths@promptmed.org), or faxed.

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Designated Employer Representative (DER): \_\_\_\_\_

DER Phone Number: \_\_\_\_\_ Existing Account : Y N

Contact me to update our account: Y N

\*\*\*\*Please note if you are not an existing account with PromptMed, a protocol will need to be established prior to performing services for your employees. Contact our office at 812-372-8883\*\*\*\*\*

## Works Compensation

- Injury Treatment
- Post Accident Drug Testing
- Post Accident Alcohol Testing
- Insurance Carrier: \_\_\_\_\_

## Alcohol Testing

- DOT
- Non-DOT
- Breath Alcohol Testing

## Reason for Testing

- Pre Employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Other \_\_\_\_\_

## Vaccines

- Flu
- Hepatitis A
- MMR
- PPD-TB
- Menatrcia
- Varicella
- Other: \_\_\_\_\_
- Hepatitis B
- Yellow Fever
- Typhoid
- TD-Tetanus
- Polio

## Drug Screens

### Urine

- DOT
- Non-DOT
  - 5 panel
  - 9 panel
  - 10 panel
- Instant 5 panel (Non-DOT)
- Instant 10 panel (Non-DOT)
- Collection Only
- Other \_\_\_\_\_

### Reason for Testing

- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Other \_\_\_\_\_
- Direct Observation Required?

## Hair Collection

- Hair Collection Only
- Hair Drug Screen

## Physical Examinations

- Pre-Employment Physical Exam
- DOT Physical Exam
- OSHA Respiratory Exam
- Return to Work
- Other \_\_\_\_\_

## Ancillary Services

- Spirometry
- Audiometry
- Vision (Snellen or Titmus)
- Xray L-Spine
  - 2view
  - 4view
- Xray CXR
  - 1view
  - 2 view
- EKG
- Lab-CBC
- Lab-Complete Metabolic Panel
- Other: \_\_\_\_\_

## Titers

- Hepatitis A
- MMR
- Hepatitis B
- Latex
- Varicella

## MRO Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

- I authorize PromptMed to treat the employee listed above for the services selected
- I authorize PromptMed to send/submit any test results per protocol previously arranged with company.

Authorized Signature (Supervisor or DER) \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: 812-372-8883  
Fax: 812-372-8964  
Hours: M-F 7am-7pm  
Sat 7am-5pm Sun 9am-5pm



PROMPTMED

COLUMBUS REGIONAL HEALTH

EMAIL THIS FORM TO:

[auths@promptmed.org](mailto:auths@promptmed.org)

OR

FAX: 812-372-8964