

Medical Authorization Form

Please call ahead to make an appointment whenever possible.

Patient Name: _____ Appt. Time: _____ Date: _____

Company: _____ Phone#: _____

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

Authorized by: _____ Date: _____
An officer or properly designated person Signature Print

By signing this authorization the above referenced company acknowledges and agrees that it is fiscally responsible for all incurred charges, whether work related or non-work related.

Verbal authorization

Given by: _____ Taken by: _____
Name Phone # Initial

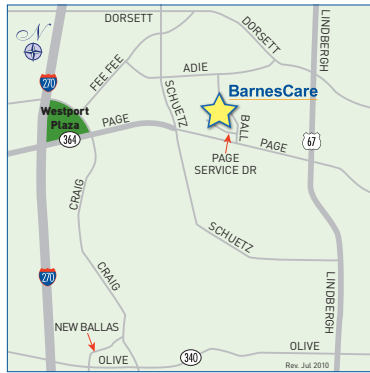
Work-Related Injury/Illness (check box)	<input type="checkbox"/> Evaluation <input type="checkbox"/> Treatment Specify body part: _____ If this incident is deemed not work-related, the authorizing organization will be responsible for charges prior to written notification.
Drug Screen (check box)	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT (<input type="checkbox"/> Urine lab <input type="checkbox"/> Urine Rapid <input type="checkbox"/> Hair <input type="checkbox"/> Saliva) <input type="checkbox"/> Post-offer <input type="checkbox"/> Post accident <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow-up <input type="checkbox"/> Witnessed/observed <input type="checkbox"/> Employee to pay
Breath Alcohol Screen (check box)	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Post-offer <input type="checkbox"/> Post accident <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow-up <input type="checkbox"/> Witnessed/observed <input type="checkbox"/> Employee to pay
Physical Examination (check box)	<input type="checkbox"/> Post-offer <input type="checkbox"/> DOT <input type="checkbox"/> Annual <input type="checkbox"/> Respiratory clearance <input type="checkbox"/> Toxic <input type="checkbox"/> Asbestos <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employee to pay
Immunization (check box)	<input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Flu <input type="checkbox"/> TB <input type="checkbox"/> Tetanus <input type="checkbox"/> MMR <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employee to pay
Other Services (check box)	<input type="checkbox"/> PFT <input type="checkbox"/> Audiometry <input type="checkbox"/> Post-offer job screen <input type="checkbox"/> Lab: _____ <input type="checkbox"/> Other: _____

Patients under 18 years of age need written parental authorization for physicals, injury treatment and/or injections.

See back of sheet for maps to clinics.

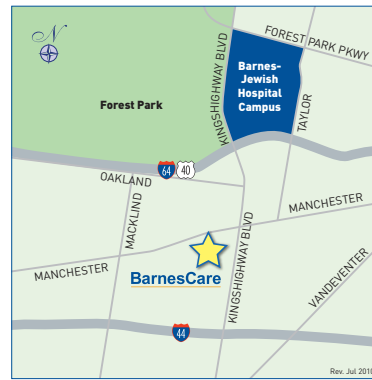
BarnesCare Convenient Locations

Westport



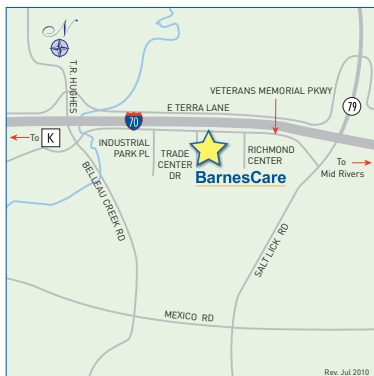
11501 Page Service Drive (enter from Ball Drive)
St. Louis, MO 63146
(314) 993-3014, fax: (314) 993-7031
Mon-Fri, 7:30 am - 6:00 pm
Rehab: (314) 993-3279, Fax: (314) 993-8005
Mon-Fri, 8:00 am - 4:30 pm

Midtown



5000 Manchester, St. Louis, MO 63110
(314) 747-5800, fax: (314) 747-5866
Mon-Fri, 7:30 am - 6:00 pm
Rehab: (314) 747-5845, Fax: (314) 747-5867
Mon-Fri, 8:00 am - 4:30 pm

St. Peters



1901 Trade Center Drive, St. Peters, MO 63376
(636) 978-1008, fax: (636) 978-1926
Mon-Fri, 8:00 am - 4:30 pm
Rehab: (636) 978-1008, Fax: (636) 978-2156
Mon-Fri, 8:00 am - 4:30 pm

**BarnesCare 24/7
On-Call
(314) 747-7950**

Extending Occupational Medicine after
clinic hours on holidays and weekends

Emergency and after hour care is available at any of these BJC facilities:

Alton Memorial Hospital

One Memorial Drive, Alton, IL 62002
(618) 463-7474

Barnes-Jewish Hospital

Emergency and Trauma Center
400 S. Kingshighway Blvd., St. Louis, MO 63110
(314) 362-9123

Barnes-Jewish St. Peters Hospital

10 Hospital Drive, St. Peters, MO 63376
(636) 916-9640

Barnes-Jewish St. Peters O'Fallon Medical Building

BJC Urgent Care Center
2630 Highway K, O'Fallon, MO 63366
(636) 980-5300
Open 8:00 a.m. - 8:00 p.m., 7 days a week

Barnes-Jewish West County Hospital

12634 Olive Blvd., St. Louis, MO 63141
(314) 996-8470

Christian Hospital

11133 Dunn Road, St. Louis, MO 63136
(314) 653-5700

Northwest HealthCare

1225 Graham Road, St. Louis, MO 63031
(314) 953-6994

Missouri Baptist Medical Center

3015 North Ballas Road, St. Louis, MO 63131
(314) 996-5225

Progress West HealthCare Center

2 Progress Point Parkway, O'Fallon, MO 63368
(636) 344-1151