

# Employer Authorization For Treatment/Billing

Date \_\_\_\_\_ Employee Name \_\_\_\_\_

Job Title/Duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

This employee is authorized for the following services. (Please check all that apply for this visit.)

Injury Care: (Describe) \_\_\_\_\_ a.m. \_\_\_\_

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_ p.m. \_\_\_\_

Controlled Substance Test with this injury: \_\_\_\_ YES \_\_\_\_ NO If yes, \_\_\_\_ Urine Drug Screen \_\_\_\_ Breath Alcohol Test

*Patients initially seen in the Emergency Center should return for follow-up care to the nearest Occupational Health Partners location. (Locations on reverse side)*

Physical Exam (Bring eyeglasses and/or contact lenses and case.)

\_\_\_\_ Post-offer/Pre-hire                      \_\_\_\_ DOT—new hire                      \_\_\_\_ DOE—new hire  
\_\_\_\_ Annual                                      \_\_\_\_ DOT—renewal                      \_\_\_\_ DOE—renewal  
\_\_\_\_ Return to Work                      \_\_\_\_ HazMat                                      \_\_\_\_ MCOLES  
\_\_\_\_ Other \_\_\_\_\_

Controlled Substance Testing (Photo identification required.)

\_\_\_\_ DOT                      \_\_\_\_ Non-DOT                      \_\_\_\_ Urine Drug Test                      \_\_\_\_ Breath Alcohol Test  
\_\_\_\_ Urine Drug Screen Collection Only                      \_\_\_\_ Hair Testing  
\_\_\_\_ Other \_\_\_\_\_

Screening/Immunization

\_\_\_\_ Audiogram                      \_\_\_\_ TB Test (PPD)                      \_\_\_\_ Lift Test  
\_\_\_\_ EKG                                      \_\_\_\_ Hepatitis B Vaccination                      \_\_\_\_ Pulmonary Function Test  
\_\_\_\_ Respirator Questionnaire                      \_\_\_\_ Hepatitis B Titer                      \_\_\_\_ Vision Screen  
\_\_\_\_ Respirator Fit Test (No facial hair. No tobacco, food or drink (except water) one hour prior to test)  
\_\_\_\_ Other \_\_\_\_\_

Other Services Requested

Authorized by: \_\_\_\_\_  
(Please print)

Authorized signature: \_\_\_\_\_ Phone \_\_\_\_\_

# Locations to Serve Your Workplace Health and Wellness Needs

## East China

### St. John River District Hospital

4100 River Road

(North of Meisner Road)

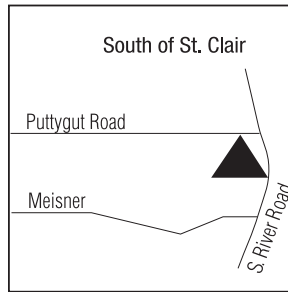
East China, MI 48054

810-329-8912

Fax: 810-329-8913

Hours: M, F; 8 a.m. – 4 p.m.

T, W, Th: 8 a.m. - 3:30 p.m.



## Madison Heights

### St. John Macomb-Oakland Hospital Oakland Center

27351 Dequindre

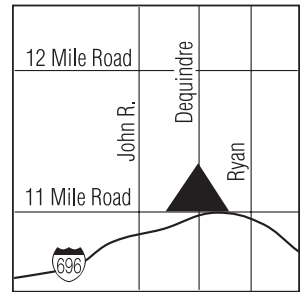
(North of Eleven Mile)

Madison Heights, MI 48071

248-967-7715

Fax: 248-967-7716

Hours: M – F; 7:30 a.m. – 4 p.m.\*\*



## Grosse Pointe Woods

### St. John Hospital and Medical Center

19251 Mack Ave., Suite 100

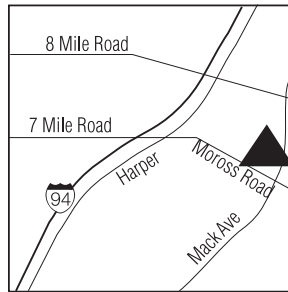
(North of Moross Road)

Grosse Pointe Woods, MI 48236

313-343-3740

Fax: 313-343-7864

Hours: M – F; 7 a.m. – 4 p.m.\*\*



## Novi

### Providence Park Hospital

47601 Grand River Ave., Suite B230

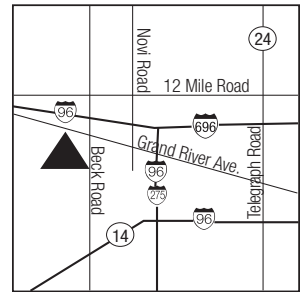
Outpatient Center - NE Entrance

Novi, MI 48374

248-465-4800

Fax: 248-465-4872

Hours: M – F; 7:30 a.m. – 4 p.m.\*\*



## Livonia

### Providence Hospital

### Mission Health Medical Center

37595 Seven Mile Road

(SW corner of Newburgh Road)

Livonia, MI 48152

734-432-6668

Fax: 734-542-6108

Hours: M – F; 7:30 a.m. – 4 p.m.

**Urgent Care:** After hours INJURY CARE is available in Urgent Care until

10 p.m., 365 days a year



## Southfield

### Providence Hospital – Providence Pavilion

22255 Greenfield, Suite 422

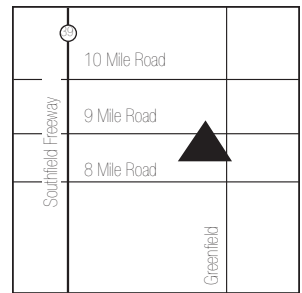
(South of Nine Mile)

Southfield, MI 48075

248-849-3195

Fax: 248-849-3390

Hours: M – F; 7 a.m. – 4 p.m.\*\*



**\*\* After Hours Injury Care is Available in the Emergency Center 365 Days a Year**