

FOR XPRESS OFFICE USE ONLY:

PID: _____

Staff Name: _____

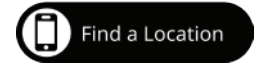
Clinic: _____

Was this a verbal authorization?

☐ YES ☐ NO



XpressWellnessUrgentCare.com



EMPLOYER SERVICES AUTHORIZATION

Authorization is ONLY valid for ONE visit

Employee Name _____

Employee DOB _____ Employee SS# _____

Company Name _____

Company Address _____

HOW DO YOU WANT TODAY'S VISIT BILLED?

☐ Employer

☐ Workers' Comp Insurance (WC)

WC CARRIER: _____

SERVICES REQUESTED. PLEASE CHECK ALL THAT APPLY.

PHYSICALS

☐ DOT ☐ Pre-Employment ☐ Bus Driver ☐ Other (please specify specific needs below)

REASON FOR DRUG SCREEN

☐ Pre-Employment

☐ Reasonable Suspicion

☐ Follow-Up

☐ Return to Duty

☐ Random

☐ Post-Accident

☐ Other: _____

URINE DRUG SCREENS (UDS)

Rapid¹

☐ 4 panel (excludes THC)

☐ 5 panel

☐ 10 panel

☐ Non-DOT Send Out

Do you have your own COC?

☐ Yes ☐ No

If no... ☐ 5 panel ☐ 10 panel

☐ DOT Send Out

Do you have your own COC?

☐ Yes ☐ No

Testing Agency/Authority
(must choose one for DOT)

☐ FMCSA ☐ PHMSA ☐ FAA

☐ FTA ☐ HHS ☐ NRC

☐ FRA ☐ USCG

BREATH ALCOHOL TEST (BAT)

☐ DOT

☐ Non-DOT

☐ HAIR FOLLICLE

Do you have your own COC?

☐ Yes ☐ No

OTHER

☐ Flu Vaccine

☐ Hepatitis B Vaccine

☐ Tetanus Shot

☐ TB/PPD Skin Test

☐ Lift Test (_____ pounds)

☐ Hearing Test²

☐ Jamar Grip Test

☐ Respiratory Fit Test²

☐ Pulmonary Function Test²

☐ OSHA Resp Questionnaire

☐ Chest X-ray (2 view)

☐ Lumbar X-ray

☐ Other _____

☐ EKG

☐ Vision Test

☐ Snellen (far)

☐ Jaeger (near)

☐ Ishihara (color)

¹Rapid: If rapid is non-negative, it will be sent to the lab for confirmation testing and may delay results to the employer.

²Only offered at certain locations

AUTHORIZED EMPLOYEE REPRESENTATIVE

Date _____

Authorized By _____

Title _____

Phone _____ Fax _____

E-Mail _____

Additional Instructions/Comments:
