Concentra®

Authorization for Examination or Treatment

Patient must present authorization and photo ID at the time of service.

Patient Name: _____ Date of Birth: _____

Employer Name: _____

Employer Address: _____ Location Number: N/A

Bill to: Redwood Empire School Insurance Group (RESIG) Temporary Staffing Agency: N/A

Work Related

☐ Injury

☐ Illness

Date of Injury: _____ Payor: _____

Substance Abuse Testing (check all that apply)

Reason for testing:

☐ Preplacement ☐ Random ☐ Post-accident ☐ Follow-up

☐ Reasonable Suspicion

Non-Regulated Testing:

☐ Breath Alcohol ☐ Urine (Lab-based) ☐ Oral Fluid

☐ Blood ☐ Hair ☐ Rapid Urine (Panel: _____)

Regulated Testing:

☐ Breath Alcohol ☐ Urine (Lab-based)

Agency:

☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA

For collection only lab-based testing (no result reporting from Concentra), please include:

Lab name: _____ Lab account #: _____

Panel: _____ MRO: _____

Non-DOT Physical Examination

☑ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Respirator Clearance ☐ with fit test and mask type: _____

☐ Audiogram

☐ Human Performance Evaluation (Job Title: _____)

☐ Medical Surveillance

Exposure: _____

☐ Other: _____

Immunizations:

☐ Required - Patient must have proof of immunity

☐ Optional - Offer based on patient's history

☐ Travel related

☐ Hep A ☐ Hep B ☐ Influenza ☐ Tdap

☐ MMR ☐ Other: _____

☐ Titer(s): _____

Special instructions/comments:

Authorized by: _____ Title: _____
Please print

Phone: _____ Email: _____ Date: _____

For more information about our electronic communications and how we will use your email, see our website: https://www.concentra.com/about-us/privacy/. Concentra offers urgent care services for non-work related illness and injury. We accept many insurance plans. Copies of this form are available at www.concentra.com

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