



## Occupational Medicine

## **Authorization Form**

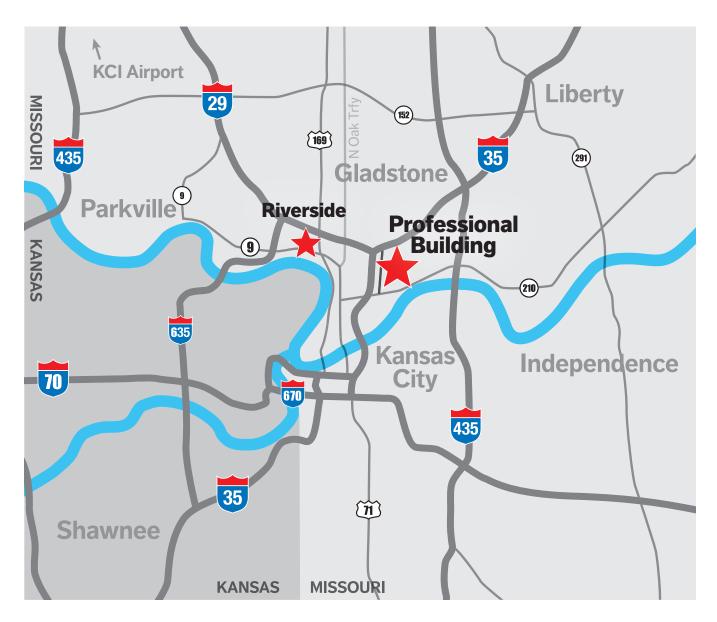
## **Appointment**

Date:	Time:
Location:	

Call one of our locations for an appointment. All appointments will be seen before walk-in patients. Any service arriving after 4 p.m., including injuries, can be provided an appointment for the next business day. All drug tests require a photo ID. Children and visitors are not allowed in exam rooms or testing areas.

EMPLOYER INFORMATION					
Employer Name:		Date:			
Employer Address:		City:		_ State:	Zip:
Authorization Name:		Phone:			
PATIENT INFORMATION					
Name:		☐ Female Date of birth:			
Phone:		Email:			
Address:		City:		_ State:	Zip:
INJURY CARE TREATMENT Injured area:					
Date of injury:					
Insurance company/Adjuster:			—— Phone:		
DRUG TEST  DOT  FAA FMCSA FRA FTA  PHMSA USCG	☐ Agility test: Job	□ DOT □ Fit for duty □ Return to work  • title: □	Silica exar	n	
<b>Non-DOT</b>	□ PFT			T:.	
Instant 5 Panel 10 Panel Hair Testing	☐ EKG ☐ Vision: ☐ Co ☐ Fit Test: Must I	lor vision Near	]Snellen	Vaccine:	
ALCOHOL TEST	Questionnaire	: Review only Irn for reading within		Chest A-ray.	_1 view 2 views
DOT Non-DOT  Reason for testing:	I				

The services selected above are authorized for payment by the stated employer. We acknowledge that if the insurance denies a worker compensation claim, all services rendered will be paid until Meritas Health is notified of the denial. This includes all products dispensed. Only services selected will be completed. This authorization expires within 72 hours of the date listed below. See testing information at the bottom of this page. Patient cannot be tested or treated without authorization.



## Two Convenient Locations

Professional Building 2700 Clay Edwards Dr., Ste. 120 North Kansas City, MO 64116-3220 816.346.7400 | MeritasHealth.com/OccMed Riverside 1805 NW Platte Rd., Ste. 110 Riverside, MO 64150 816.691.5200 | MeritasHealth.com/Riverside

