



(MUST PRESENT PHOTO IDENTIFICATION AT TIME OF SERVICE)

Patient's Name _____ Date of Birth _____

Date of Injury _____ Body Part _____

Employer Name _____ Employer Phone Number _____

Employer Address _____ Employer Contact _____

Billing Address _____ Billing Phone Number _____

Claim Number _____

<p>Substance Abuse Testing</p> <p><input type="checkbox"/> DOT</p> <p><input type="checkbox"/> Non-DOT</p> <p> <input type="checkbox"/> Collection Only-(any lab other than here)</p> <p> <input type="checkbox"/> E Screen</p> <p> <input type="checkbox"/> _____ Panel</p> <p> <input type="checkbox"/> E Cup</p> <p> <input type="checkbox"/> M Cup</p> <p><input type="checkbox"/> Breath Alcohol <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT</p> <p>Test Type</p> <p><input type="checkbox"/> Pre-Employment</p> <p><input type="checkbox"/> Reasonable Suspicion</p> <p><input type="checkbox"/> Post-Accident</p> <p><input type="checkbox"/> Follow-Up</p> <p><input type="checkbox"/> Return to Work</p> <p><input type="checkbox"/> Random</p>	<p>Physical Examinations</p> <p><input type="checkbox"/> DOT</p> <p><input type="checkbox"/> Non-DOT</p> <p><input type="checkbox"/> Physical Exam</p> <p> <input type="checkbox"/> Pre-Employment</p> <p> <input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Fit for Duty</p> <hr/> <p>Other Services</p> <p><input type="checkbox"/> Respirator Fit Test</p> <p><input type="checkbox"/> Audiogram</p> <p><input type="checkbox"/> Pulmonary Function Test</p> <p><input type="checkbox"/> PPD</p> <p><input type="checkbox"/> Hepatitis A</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Tetanus</p>
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*** MUST BE SCANNED INTO CHART
AT TIME OF REGISTRATION**

**ED/Admit
01**

Verbal Authorization YES NO Unable to Obtain Authorization Initials _____

Authorized By _____ Date _____ Time _____

Title _____

Authorization Taken By _____ Date _____ Time _____

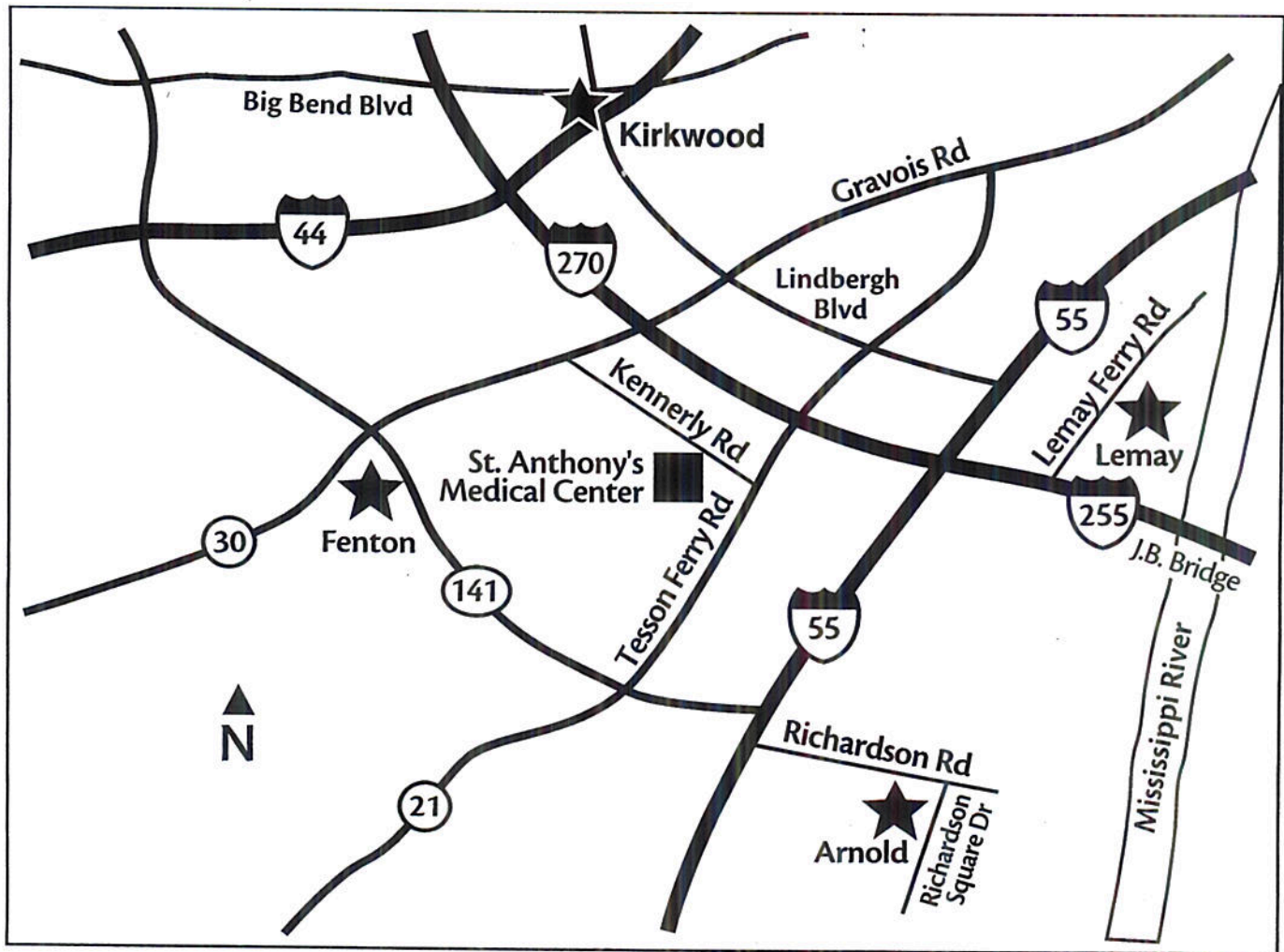


St. Louis, Missouri 63128

**OCCUPATIONAL MEDICINE
MEDICAL AUTHORIZATION FORM**

URGENT CARE CENTERS

Hours and Locations



01 Admit/ER

- | | | | |
|--|--|--|---|
| <p><input type="checkbox"/> Arnold Urgent Care Center
 3619 Richardson Square Drive
 Arnold, MO 63010
 636-717-6700 • 636-464-6755 Fax
 Hours: 8 a.m. to 8 p.m. daily</p> | <p><input type="checkbox"/> Kirkwood Urgent Care Center
 1001 S. Kirkwood Road, Suite 100
 Kirkwood, MO 63122
 314-543-5970 • 314-822-2105 Fax
 Hours: 8 a.m. to 8 p.m. daily</p> | <p><input type="checkbox"/> Fenton Urgent Care Center
 714 Gravois, Suite 100
 Fenton, MO 63026
 636-326-6100 • 636-326-6110 Fax
 Hours: 8 a.m. to 8 p.m. daily</p> | <p><input type="checkbox"/> Lemay Urgent Care Center
 2900 Lemay Ferry Road
 St. Louis, MO 63125
 314-543-5294 • 314-892-1658 Fax
 Hours: 8 a.m. to 8 p.m. daily</p> |
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TOLL FREE NUMBER: 866-228-0004

Services:

- Urgent medical care
- Occupational medicine
- Lab testing
- X-Rays
- Physical exams - 8 a.m. - 5 p.m.
- Drug testing - 8 a.m. - 5 p.m.
- Vaccinations

At St. Anthony's Medical Center's Urgent Care Centers, care and treatment are provided by board-certified physicians, registered nurses, certified radiology technicians and other medical professionals.