



MEDICAL AUTHORIZATION

Date _____ Patient Name _____

Company _____ Phone _____ Fax _____

Company Contact _____ Phone _____ Fax _____

Address _____ City _____ Zip _____

Authorized by (An officer or properly designated person)

SIGNATURE PRINT NAME

By signing this authorization the above referenced company acknowledges and agrees that it is fiscally responsible for all incurred charges, whether work related or non-work related. Charges may be submitted to the above referenced company's Workers Compensation carrier at the company's discretion but failure to submit charges to the Workers Compensation center does not relieve the company of the responsibility for these charges.

Verbal Authorization given by _____

Verbal Authorization taken by _____

Injury Evaluation and Treatment	Specify body part _____	
Drug or Alcohol Screen <i>Photo ID required</i>	Drug: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Post accident <input type="checkbox"/> Random <input type="checkbox"/> Preplacement <input type="checkbox"/> Suspicion/Cause	Alcohol: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Post accident <input type="checkbox"/> Random <input type="checkbox"/> Preplacement <input type="checkbox"/> Suspicion/Cause
Physical exam <input type="checkbox"/> Annual <input type="checkbox"/> Preplacement	<input type="checkbox"/> Physical exam <input type="checkbox"/> DOT exam <input type="checkbox"/> Return to work/Fit for duty	
Immunization	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> PPD <input type="checkbox"/> Other <input type="checkbox"/> Patient to pay <input type="checkbox"/> Bill to company	

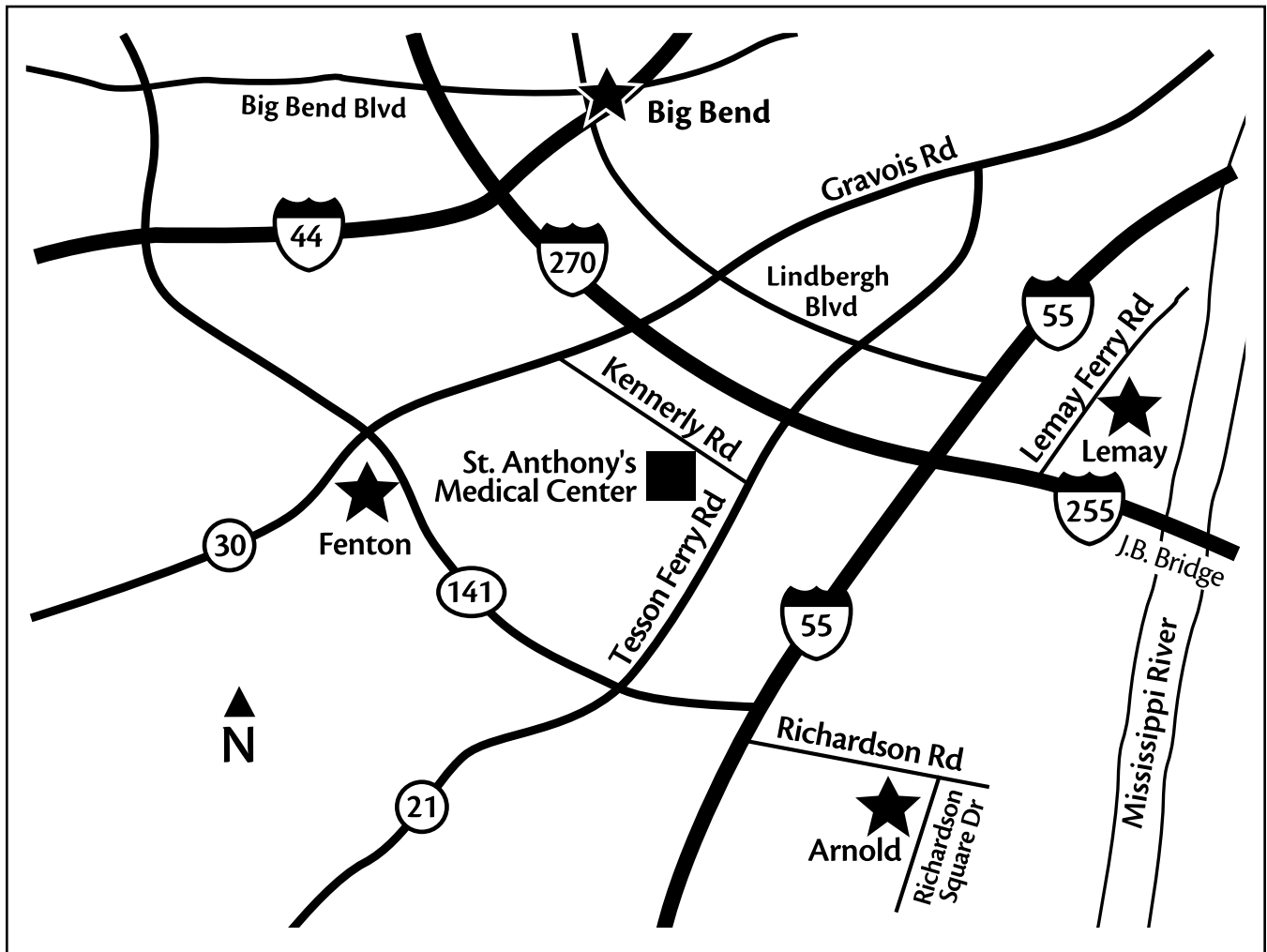
Patients under 18 years of age need written parental consent for physicals, injury treatment and/or injections

- | | | | |
|---|--|--|--|
| <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 | <input type="checkbox"/> Big Bend Urgent Care Center
10296 Big Bend Blvd.
St. Louis, MO 63122
314-543-5970 • 314-822-2105 Fax
Hours: 9 a.m. to 9 p.m. daily | <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 10 p.m. daily | <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 |
|---|--|--|--|

TOLL FREE NUMBER: 866-228-0004

URGENT CARE CENTERS

Hours and Locations



- | | | | |
|--|---|---|---|
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Services:

- Urgent medical care
- Occupational medicine
- Lab tests/blood draws
- Xrays
- Physical exams — school, sports, work, DOT, non-DOT
- Drug testing — DOT, non-DOT
- Vaccinations — flu, hepatitis A, hepatitis B, PPD, tetanus

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 — all who are on staff at the Medical Center.