www.compcareclinics.com
Phone 651-508-0936
Fax 833-974-2060
Fax (Rogers) 833-606-0697

Employer Authorization for Examination or Treatment

A photo ID is required for all services. Please provide a COC if using a business account.

Patient's Name | Date | Phone

EMPLOYER REPRESENTATIVE

Please complete all information in this section before sending employee for treatment or services.

Employer Name | Employer Contact Name
Employer Address | Employer Contact Phone
City, State, Zip | Employer Contact Fax

☐ Bill to Company/Employer
☐ Workers' Comp Carrier

WORK COMP CARRIER

WC Carrier Name | Phone | Fax
Address | City/State/Zip

AUTHORIZED SERVICES

Compcare Urgent Care is authorized to provide the following services:

PHYSICALS
Pre-Employment
Respirator Physical
Annual Physical
DOT Physical
Return to Work / FFD
OSHA Screening (baseline, periodic, exit)
Other:

DRUG SCREEN / REASON
Pre-Placement
Random
Follow-Up
Post Accident
Reasonable Suspicion
Return to Duty
Observed Collection

ACCOUNT TYPE ☐ Compcare Urgent Care ☐ Employer

DOT + AGENCY	NON-DOT
Breath Alcohol	In-House Rapid (5 Panel)
Urine Drug Screen	In-House Rapid (10 Panel)
Oral Fluid Drug (HHS only)	Breath Alcohol
FMCSA FAA FRA FTA PHMSA USCG	Hair Blood Alcohol Saliva Alcohol

OTHER SERVICES
Spirometry (Pulmonary Function)
Audiometry (Hearing Test)
X-ray:
Ishihara (Color Vision Test)
Work Comp Injury Treatment
OSHA Respirator Questionnaire Review
Respirator Mask Fit Test
Titmus (Comprehensive vision test)
Other:

LAB SERVICES	
PPD/Tuberculosis Skin Test - 1st Step	Titer - Hepatitis A (send to lab)
PPD/Tuberculosis Skin Test - 2nd Step	Titer - Hepatitis B (send to lab)
Vaccine - Hepatitis A - 1st Injection	Titer - Hepatitis B (send to lab)
Vaccine - Hepatitis A - 2nd (180 days)	Tetanus - Tdap
Vaccine - Hepatitis B - 1st, 2nd (30 days), 3rd (180 days)	Tetanus - TD
Vaccine - MMR 1st or 2nd	Post Exposure Protocol
Vaccine - Influenza	T-Spot TB Blood Test
Vaccine - Varicella 1st or 2nd	Quantiferon Gold TB Blood Test
Other vaccine:	Other lab service:

Signature of Employer | Date