Twin Rivers
URGENT CARE, LLC

720 N. Webb Rd.
Grand Island, NE 68803
308-384-2500

# OCCUPATIONAL AUTHORIZATION

Patient Name: _____ DOB: ___/___/____ Date of Service: ___/___/____

**Company Information:**

Name: _____ DER Name: _____

Address: _____ Fax #: _____

City, ST. Zip: _____ Phone #: _____

Email: _____

Authorized By: _____

## WORK RELATED INJURY

- □ Workers' compensation evaluation/treatment
- □ Labs Only: _____
- □ X-Ray Only: _____
- □ Post-accident drug screen
- □ Rapid In-House □ 5 Panel □ 10 Panel
- □ DOT drug screen collection/CCF required
- □ Non-DOT drug screen collection/CCF required

## PHYSICALS

| DOT | Non - DOT |
|---|---|
| □ Pre-Employment | □ Pre-Employment |
| □ Recertification | □ Annual Physical |
| □ Follow-up | □ Workplace Wellness |
| □ Other: _____ | □ Other: _____ |

## DRUG & ALCOHOL SCREENING

| DOT | | Non-DOT | |
|---|---|---|---|
| **Drug** | **Alcohol** | **Drug** | **Alcohol** |
| □ Pre-Employment | □ Follow-up | □ Pre-Employment | □ Follow-up |
| □ Post Accident | □ Pre-Employment | □ Post Accident | □ Pre-Employment |
| □ Random | □ Random | □ Random | □ Random |
| □ Reasonable Suspicion | □ Reasonable Suspicion | □ Reasonable Suspicion | □ Reasonable Suspicion |
| □ Other: _____ | □ Return to Work | □ Rapid In-House (non-CCF) | □ Return to work |
| | □ Post Accident | □ 5 Panel | □ Post Accident |
| | □ Saliva Test | □ 10 Panel | □ Saliva Test |
| | □ Breath Test | □ Other _____ | □ Breath Test |
| | □ Other: _____ | | □ Other: _____ |

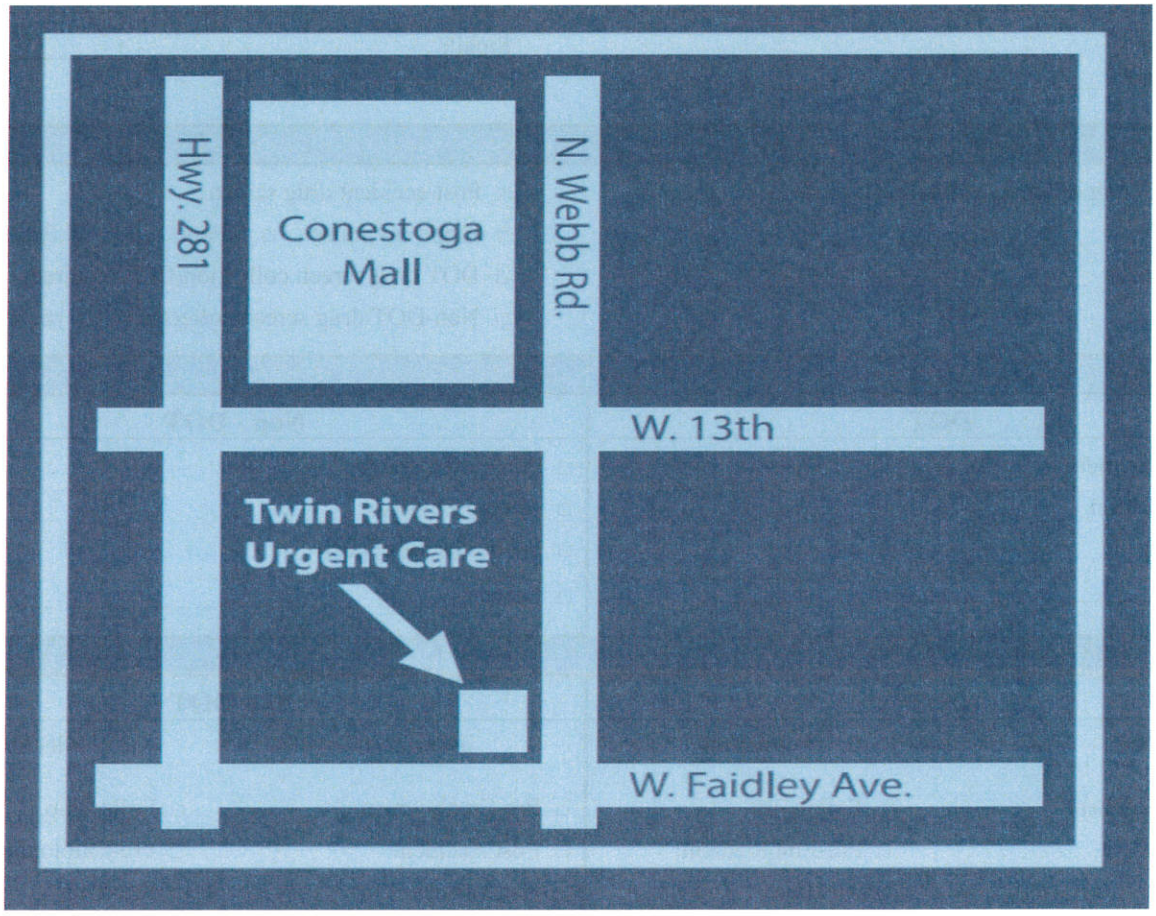
## OTHER SERVICES

- □ Audiogram
- □ Hepatitis B Vaccine
- □ Physical Capacity Profile (PCP)
- □ Special Instructions: _____
- □ Spirometry
- □ Tetanus Vaccine
- □ Other _____

# Where 2 Go 4 Treatment

Twin Rivers Urgent Care
720 N. Webb Rd
Grand Island, NE 68803

308-384-2500
www.trurgentcare.com




## Office Hours

| | | |
|---|---|---|
| Monday – Friday | - | 8am – 8pm |
| Saturday | - | 9am – 6pm |
| Sunday | - | Noon – 5pm |

No Appointment Necessary