

**FREMONT URGENT CARE CENTER**

3161 Walnut Ave.  
Fremont, CA 94538

510-796-1000 Fax 510-796-1050

**TREATMENT AUTHORIZATION**

Employee Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Name of Person Authorizing: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PURPOSE OF VISIT**

**Physical Exams**

Employee Job Title: \_\_\_\_\_

Pre-employment  Annual  Fit for Duty (not pre-emp)  Asbestos

Commercial Driver (DOT)  Respirator Certification Exam

Emergency Response Team

Other \_\_\_\_\_

**Other Services**

**Drug/Alcohol Testing**

DOT Drug  Non-Dot Drug  Instant Drug  Observed

Breath Alcohol  Blood Alcohol

**Reason for Test:**

Pre-employment  Random  Reasonable Suspicion

Post accident  Return to Duty  Follow-up

Other (Specify) \_\_\_\_\_

Comments: \_\_\_\_\_

**Work Injury**

Authorized by: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Injury: \_\_\_\_\_  First Aid Eligible

Comments: \_\_\_\_\_

\_\_\_\_\_