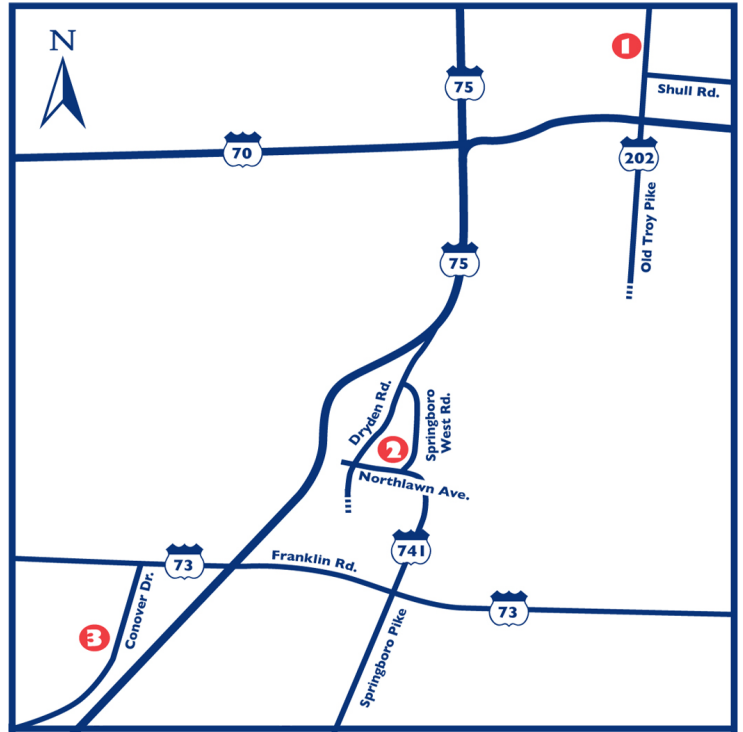


TREATMENT AUTHORIZATION



We are authorizing the below listed U.S. HealthWorks location to provide services to our employees:

- 1 HUBER HEIGHTS** (Mon-Fri: 8 am-5 pm)
 8701 Old Troy Pike, Huber Heights, OH 45424
 PH: (937) 237-6231 FX: (937) 237-6221
- 2 DAYTON** (Mon-Fri: 8 am-5 pm)
 2023 Springboro West, Dayton, OH 45439
 PH: (937) 293-7770 FX: (937) 293-9982
- 3 FRANKLIN** (Mon-Fri: 8 am-5 pm)
 333 Conover Drive, Suite H, Franklin, OH 45005
 PH: (937) 746-8795 FX: (937) 746-7062



EMPLOYER NAME _____ EMPLOYER # _____

PRIMARY CONTACT NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP _____

PH _____ PH (after HRs/Cell) _____

FAX _____

EMAIL _____

EMPLOYEE DETAILS

DATE: _____ TIME: _____ AM OR PM _____

PATIENT NAME: _____ DEPARTMENT: _____

DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? YES NO NAME OF TEMP AGENCY: _____

AUTHORIZED BY: NAME (PRINT): _____ PHONE: _____

TITLE: _____ AFTER HRS / CELL PH: _____

SIGNATURE: _____ () VERBAL _____

INSURANCE

INSURANCE COMPANY NAME: _____

CLAIMS ADDRESS: _____

PHONE#: _____ EFFECTIVE DATE: _____

POLICY #: _____ EXPIRATION DATE: _____

SERVICES

INJURY: DATE OF INJURY: _____ LAST WORKED: _____

INJURED BODY PART: _____ CLAIM #: _____

RETURN-TO-WORK EVALUATION _____

PHYSICAL EXAM TYPE: _____ PROTOCOL #: _____

DRUG/ALCOHOL TEST. SPECIFY TYPE AND REASON/PURPOSE BELOW

TYPE:

<input type="checkbox"/> INSTANT DRUG TEST	<input type="checkbox"/> NON-DOT BREATH ALCOHOL TEST	<input type="checkbox"/> POST-OFFER	<input type="checkbox"/> REASONABLE SUSPICION
<input type="checkbox"/> NON-DOT DRUG TEST	<input type="checkbox"/> DOT BREATH ALCOHOL TEST	<input type="checkbox"/> POST-ACCIDENT	<input type="checkbox"/> RANDOM
<input type="checkbox"/> DOT DRUG TEST		<input type="checkbox"/> RETURN TO DUTY	<input type="checkbox"/> POST-INJURY

(CIRCLE BRANCH: FMCSA FAA FTA FRA PHMSA USCG)

REASON/PURPOSE: _____

NOTE: PICTURE ID REQUIRED FOR DRUG TESTING

Thank you for choosing U.S. HealthWorks Medical Group!