Working Well®
a network of occupational healthcare
866-532-WELL (9355)
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Sisters of St. Francis Health Services
SAINT ANTHONY
SAINT MARGARET MERCY
SAINT ANTHONY MEMORIAL
FRANCISCAN PHYSICIANS HOSPITAL, LLC

MEDICAL TREATMENT AUTHORIZATION

NOTE: ALL EMPLOYEES PRESENTING FOR A DRUG SCREEN AND/OR ALCOHOL SCREEN MUST HAVE A VALID PHOTO ID

EMPLOYEE NAME:_____ **SS #**_____

COMPANY NAME:_____

COMPANY PHONE #:_____ **FAX #:**_____

Company Representative Authorizing Treatment (print name):_____

Company Representative Signature:_____

The above employee is scheduled on_____ (Date) at_____ (Time)

CLINIC: (Please Select)	☐ CROWN POINT	☐ MUNSTER	☐ HAMMOND	☐ MICHIGAN CITY	☐ VALPARAISO
	12800 Mississippi Pkwy, Ste A 204 (219) 662-5500 Fax: (219) 662-9684	701 Superior Ave Ste C (219) 924-1568 Fax: (219) 924-2175	5500 Hohman Ave Ste 1 D (219) 852-2472 Fax: (219) 852-2567	4111 Franklin St (219) 879-5400 Fax: (219) 852-5900	2307 LaPorte Ave Ste 8 (219) 476-9389 Fax: (219) 476-9432

CHECK SERVICES NEEDED

☐ **Diagnosis & Treatment**

☐ **Physical Examination**

☐ Pre-Placement **Non-DOT**
☐ Annual **Non-DOT**
☐ Pre-Placement **DOT**
☐ Recertification **DOT**
☐ Return To Work
☐ Other_____

CHECK TYPE OF DRUG TESTING NEEDED:

☐ **NON-DOT** Urine Drug Screen (Chain of Custody)
☐ **DOT** Urine Drug Screen
☐ **Collection Only** Urine Drug Screen--------Laboratory:_____
☐ **Rapid Urine Drug Screen** (Not Available at Emergency Department)
☐ **BAT** (Breath Alcohol)
☐ **Hair Analysis** (Not Available at Emergency Department)
☐ Other:_____

CHECK REASON FOR DRUG TEST: (Pre-Placement & Random drug screens not available at Emergency Department)

☐ Pre-Placement ☐ Random ☐ Post-Accident ☐ Reasonable Cause ☐ Post Injury

CHECK ANY ADDITIONAL SERVICES NEEDED:

☐ Respirator Questionnaire/Spirometry Testing
☐ Audiogram/Hearing Test
☐ Hepatitis B Surface Antibody (Titer)
☐ Fit Testing
☐ Hepatitis B Series (3 injections STANDARD)
☐ OTHER:_____

For **after hour injuries and post -accident drug screens**, please complete this form and report to the Emergency Department

Location information and Maps on other side

WWMP02/2010

FOR INTERNAL WORKING WELL USE ONLY
Verbal Authorization from:_____
Date: Time:

WW Signature:_____