



4451 Sepulveda Blvd Culver City, CA 90230

Tel: (424) 353-0003

Fax: (310) 437-0048

Email: info@endureurgentcare.com

www.endureurgentcare.com

Occupational Medicine Treatment Authorization Form

Date: _____

Employee Information

Employee Name _____

Company / Employer Name _____

Contact Person _____

Title _____

Email _____

Temporary Staffing Agency (if applicable) _____

Work-Related Injury or Illness Authorization

I authorize **Endure Urgent Care** to treat the employee listed above for a work-related injury or illness.

Name (Print) _____

Signature _____

Title _____

Workers' Compensation Information

Workers' Compensation Carrier _____

Phone Number _____

Policy Number & Expiration Date _____

Claim Number _____

Date of Injury / Onset of Illness _____

Authorized Body Part(s) / Illness _____



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Employment Testing and Screening Services

Physical Examination

Type: _____

Tuberculosis Testing

☐ PPD Skin Test ☐ TB Blood Test

Imaging

☐ Chest X-Ray (1 view if positive PPD)

Drug Testing

Reason for Test:

- ☐ Post-Employment / New Hire
☐ Post-Accident
☐ Reasonable Suspicion
☐ Random
☐ Other: _____

Test Type:

- ☐ Rapid 10-Panel
☐ Send-Out 10-Panel
☐ Send-Out (No Marijuana)
☐ DOT / NIDA 5-Panel
☐ Other: _____

(Check all that apply)

If the required employment testing is not listed below, please specify here:

Final Authorization

I hereby authorize **Endure Urgent Care** to provide the employment testing services checked above for the employee listed on this form.

Authorized By (Name & Title) _____

Signature _____

Date _____



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