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 _____
Contact Person _____
Title _____
Email _____
Temporary Staffing Agency (if applicable) _____

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 _____

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 _____

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

(Check all services that apply)

Employment Testing 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 _____