

Employer Authorization

Thank you for choosing PromptMed Urgent Care! Please print clearly to complete this form in its entirety so that we may process your employee's visit efficiently and accurately. This form should be completed by a Designated Employer Representative and may be hand carried by the employee or faxed.

DATE: _____ DATE OF SERVICE: _____

PATIENT NAME: _____

DOB: _____ SSN: _____

COMPANY/PLANT NAME: _____

COMPANY ADDRESS: _____

REASON: RANDOM POST ACCIDENT REASONABLE SUSP
 ANNUAL PROMOTION PRE-EMPLOYMENT

DOT NON DOT

SERVICES AUTHORIZED BY:

FIRST NAME _____ LAST NAME: _____

PHONE: _____ FAX NUMBER: _____

****Please note if you are not an existing account with PromptMed, a protocol will need to be established prior to performing services for your employees. Contact our office at 812-372-8883****

WORK COMP INITIAL WORK COMP FOLLOW-UP VISIT

DRUG SCREEN DOT NON DOT
 5 PANEL INSTANT 5 PANEL LAB BASE 9 PANEL LAB BASE
 10 PANEL INSTANT 10 PANEL LAB BASE DOT 5 PANEL
 5 PANEL HAIR TEST COMPANY USES 3RD PARTY VENDOR FOR DRUG SCREENS
 BAT DOT NON DOT

PHYSICAL DOT NON DOT

PPD 2 STEP CHEST X-RAY QUANIFERON

IMMUNIZATION

SPIROMETRY AUDIO OTHER SERVICES ORDERED:

Notes:

**PromptMed
Employee**

Phone: (812) 372-8883
Fax: (812) 372-8964
Hours: M-F 7am-7pm, Sat 7am-5pm, Sun 9am-5pm



Fax this form to 812-372-8964