

Occupational Health Services

63 Church Street

Flemington, NJ 08822 Phone: 908-788-6146

908-788-6698

Monday - Friday

Hours:

7:00 am - 5:00 pm

EMPLOYER AUTHORIZATION FOR TREATMENT

Fax:

(This form is required for all services)

Note:

- . After hours injury care available at Hunterdon Health's Urgent Care located at the above address. Please call Urgent Care for hours (Phone: 908-237-4036)
- . Emergency and 24/7 injury care available at Hunterdon Health's Emergency Department located at 2100 Wescott Drive, Flemington (Phone: 908-788-6183) *(For Medical Emergencies Dial 911)*
- . Employees seen by Urgent Care or the Emergency Department should follow up with Occupational Health.

I. Patient/Employee Information			
Patient Name:		Date of Service:	
Employer	Tel.	Fax.	
Employer Address			
Designated Employer Representative:		Tel.	
II. Requested Services			
Work Related Injury Care:	Physical Examina		
Initial Visit Follow Up	Pre-Employment		
Date of Injury:	DOT	Positive PPD	
Type of Injury:	Other		
Drug Screening: DOT Non-DO			
Post-Accident Pre-Employment Random		1 7	
Reasonable Suspicion	Reasonable Suspi	Reasonable Suspicion	
Rapid Test: 9 Panel (non-THC) 10 P	anel Immunizations	(non-THC+Narcotics)	
Non-DOT Lab Test: 5 Panel 9 Panel 10 P	anel	,	
9 Panel (+Narcotics) 9 Panel (non-THC+Narcotic	s) PPD TB Test (2	Step) TSpot TB (Blood Test)	
Other	Tdap	MMR	
DOT (Select Agency):	Influenza	Other	
FMCSA FTA PHMSA FAA FRA US	SCG Titers		
Collection Only			
Additional Services:			
Audiogram Vision Test Respiratory Evalua	tion Respiratory Fit T	est Spirometry	
Other: Other:			
Billing Information (Workers' Compensation	on Insurance Require	d for W/C Claims)	
Dining Information (Workers Compensation	on mourance Require	u ioi w/c ciainis)	
Has Employer Completed First Report of Injury:	Yes No	o (send copy if available)	
Where are Claims to be Filed: Employer	W/C Carrier Bil	ling Company	
W/C Carrier:	Tel.	Claim #	
Address			
Billing Company	Tel.	Claim #	
Address			
Authorized Company Representative:			
Signature:Name:	Title:	Date:	
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