



LINCOLN URGENT CARE

77 Lincoln Blvd, Suite 1,
Lincoln, CA 95648
(916) 258-2751 (916) 258-7172 Fax

Treatment Authorization

_____ is authorizing
Company Name _____

_____ to receive services.
Applicant/Employee _____

Check the appropriate services - indicate if they are to be done on the 1st or 2nd appointment (if applicable).

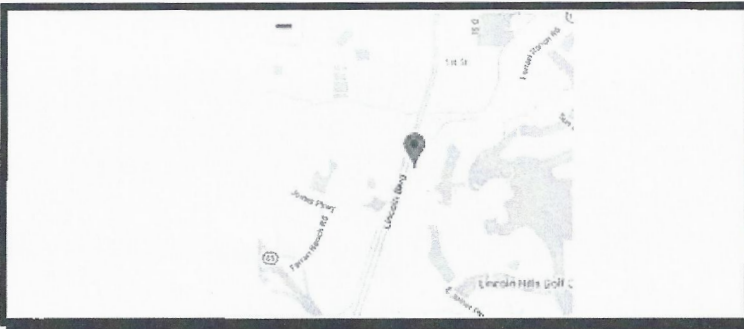
1 st	2 nd		1 st	2 nd	
		Chem/CBC			Pre-Employment Physical
		Urine Drug Screen -Non D.O.T.			DMV Physical
		Urine Drug Screen -D.O.T.			DMV Driving instructor Physical
		Urine Specimen Collection *			Back Evaluation
		Breath Alcohol Test (EBT)			Other Physical (specify below)
		Blood Lead Level			
		Hepatitis A Series			AP/Lateral Back X-rays
		Hepatitis B Series			Complete L. Spine X-rays
		TB Test			Chest X-rays
		Tetanus Update			Spirometry
		WORK RELATED INJURY			Audiometry
		N95 Mask FIT Testing			

Reason for Drug Screen: _____

*Applies to those companies that have a direct account with a lab for drug screens.

- All drug screens require photo ID.
- All minors require written authorization from parent or guardian for services.

Dated: _____ **Signed by:** _____
Authorized Company Representative



HOURS OF OPERATION

Monday - Saturday
8am - 8pm

Sunday
9am - 5pm

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