



Authorization to Treat – 3 Locations to Better Serve you!

Rockwall | Royse City | Plano

(please circle which location employee will arrive for testing)

To be completed by Patient or Supervisor:

(when complete, please send copy with employee; may also fax to: 469-402-3499)

*Today's Date:	*Date of Injury:
*Patient:	*Injury Description:
Birthdate:	SSN: _____ - _____ - _____

To be completed by Employee Supervisor/DER: (initials: _____)

*Company:	*Job Description:
Address:	City, State:
*Supervisor/HR contact:	
*Phone:	Fax:
*Bill to: WC Ins Company	WC Contact Name:
WC Insurance:	Network (if known):
Claim#:	WC Contact #:

***Will incident testing be required for this visit? Yes / No (if 'yes' – must select from below)**

<input type="checkbox"/>	Non-DOT Urine Drug Screen - rapid test onsite, 11 panel test	<input type="checkbox"/>	DOT, Urine Drug Screen
<input type="checkbox"/>	Non-DOT Drug Screen – collect & send only	<input type="checkbox"/>	DOT, Breath Alcohol
<input type="checkbox"/>	Non-DOT Breath Alcohol	<input type="checkbox"/>	

***Reason for Test:** Pre-Employment | Random | Reasonable Susp.
Post-Accident | Return to Duty | Follow-up

*** Where do we send Medical Record, Test Results & Return to Work Forms:**

EMAIL or FAX to:

Other Instructions:

OPEN 7 DAYS | Mon-Fri: 9am-9pm, Sat/Sun: 9am-6pm

<p>Rockwall Urgent Care 810 E. Ralph Hall Pkwy Rockwall, TX 75032 (469) 402-3400/3420</p>	<p>Royse City Urgent Care 576 W. I-30 Royse City, TX 75189 (469) 351-0100</p>	<p>Plano Urgent Care 901 W. 15th St. Plano, TX 75075 (469) 443-0275</p>