

AUTHORIZATION FOR MEDICAL TREATMENT

Employee Name _____

Company Name _____ Phone Number _____

Check Treatment Requested:

Injury Management

Complaint _____ Date/Time of Injury _____

Audiometric Test

Functional Capacity Evaluation

Other: _____

Breath Alcohol Test

Drug Screen

DOT

Non-DOT

Pre-Employment

Random

Post Accident

Circle One: 5 Panel 7 Panel 9 Panel Other: _____

Physical Exams

Pre-Employment

Basic Physical

Haz Mat Physical

Pulmonary Function Test (PFT)

Respirator Exam

Respirator Fit Test

Respirator Questionnaire Review

Other

DOT DOT Exam (circle one): Company Pay OR Employee Pay

Special Instructions _____

Company Representative Authorization _____



Salt Lake City

441 South Redwood Rd.
801-973-2588

Mon-Fri: 7am - 7pm

Cottonwood Heights

1950 East 7000 South
801-943-3300

Mon-Sun: 9am - 9pm

Murray

5911 South Fashion Blvd
801-266-6483

Mon-Sun: 10am - 10pm

Bountiful

1512 Renaissance Towne Drive, Suite 100
(1512 South and approx. 295 West)
801-295-6483

Mon-Sat: 9am - 9pm

Sun: 1pm - 9pm

West Jordan

8822 S. Redwood Rd, E-122
801-256-0009

Mon-Fri: 8am - 9pm

Sat: 9am - 9pm

Sun: Noon - 9pm

For life threatening emergencies and after hours care,
see hospital locations on reverse side of this form.



FirstMed Clinic Locations



Hospitals for life threatening emergencies and after hours care



NORTH

