



**AUTHORIZATION FOR EXAMINATION AND TREATMENT**  
**(Must Provide Photo ID at Time of Service)**

Patient Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Work Related:**

**Physical Exam:**

- Injury       Illness

- DOT    Pre-Employment    Work Place

Date of Injury/Illness: \_\_\_\_\_

**Requested Services:**

- Pre-Employment Drug Screen    Post-Accident Drug Screen    X-Ray    Random Drug Screen

- Pre-Employment Physical       Work Place Physical       TB Testing       Lab

- DOT Physical and Drug Screen    Treat of Injury    Treatment of Illness    Wellness Screening

**Special Instructions/Comments:**

\_\_\_\_\_  
\_\_\_\_\_

Authorized By: \_\_\_\_\_

Title: \_\_\_\_\_

Please Print

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_



My Doctor Urgent Care, 71<sup>st</sup> & Yale, Tulsa, Oklahoma 74136

