



Hunterdon Health

Occupational Health Services

63 Church Street
Flemington, NJ 08822
Phone: 908-788-6146
Fax: 908-788-6698

Hours:
Monday - Friday
7:00 am – 5:00 pm

EMPLOYER AUTHORIZATION FOR TREATMENT

(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: Initial Visit Follow Up Date of Injury: Type of Injury:		Physical Examination: Pre-Employment Return to Work/Fit for Duty DOT Positive PPD Other	
Drug Screening: DOT Non-DOT Post-Accident Pre-Employment Random Reasonable Suspicion Rapid Test: 9 Panel (non-THC) 14 Panel Non-DOT Lab Test: 5 Panel 9 Panel 10 Panel 9 Panel (+Narcotics) 9 Panel (non-THC+Narcotics) Other _____ DOT (Select Agency): FMCSA FTA PHMSA FAA FRA USCG Collection Only		Breath Alcohol Testing: DOT Non-DOT Post-Accident Pre-Employment Random Reasonable Suspicion	
		Immunizations (non-THC+Narcotics) PPD TB Test (2 Step) TSpot TB (Blood Test) Tdap MMR Influenza Other _____ Titers _____	

Additional Services:

Audiogram Vision Test Respiratory Evaluation Respiratory Fit Test Spirometry
Other: _____

Billing Information (Workers' Compensation Insurance Required for W/C Claims)

Has Employer Completed First Report of Injury:	Yes	No (send copy if available)
Where are Claims to be Filed:	Employer	W/C Carrier Billing Company
W/C Carrier:	Tel.	Claim #
Address		
Billing Company	Tel.	Claim #
Address		

Authorized Company Representative:

Signature: _____

Name: _____ Title: _____ Date: _____