



McMINNVILLE
IMMEDIATE HEALTH CARE
••• & OCCUPATIONAL MEDICINE •••

SERVICE AUTHORIZATION

Employee/Patient Name: _____
Date of Birth: _____ Employee ID#: _____
Employer: _____
Employer Address: _____
Employer Contact/Phone: _____

Is injury/illness work related: yes no Date of Injury/Illness: _____
Workers' Compensation Insurance: _____

Testing to be Done:

- Regulated (DOT) Drug Test Non-Regulated Drug Test
 Breath Alcohol Testing Urine Collection ONLY

Bill to: _____

Reason for Testing:

- Pre-Employment Random Follow-up Post Accident
 Reasonable Suspicion Other: _____

Physical Examinations:

- Pre-Placement CDL Annual
 Medical Surveillance DPSST Firefighter HAZMAT
 Respirator Exam Fit Test Spirometry Audio
 Lift Test Required Physical Capacity Required

Other: _____

Vaccinations/Immunizations:

- Hep B Hep A TDAP TB/PPD Influenza Titer For: _____

Other: _____

Billing:

- Patient Pays All Charges Bill Employer Bill 3rd Party Admin

Authorized by: _____

Signature/Print/Title

Authorizer's Phone Number: _____ Date of Request: _____

We offer more services. If you don't see it on the list or you have questions or need more info, PLEASE CALL PAMELA PATTANI at (503) 883-4445

Open Every Day Except Christmas



McMINNVILLE
IMMEDIATE HEALTH CARE
••• & OCCUPATIONAL MEDICINE •••

**207 NE 19th Street, Suite 102
McMinnville OR 97128**

Phone (503) 435-1077 • Fax (503) 883-5831

Clinic Manager: Pamela.Pattani@capellahealth.com

NEW Extended Hours

Check our Website:

www.mcminnvillecare.com