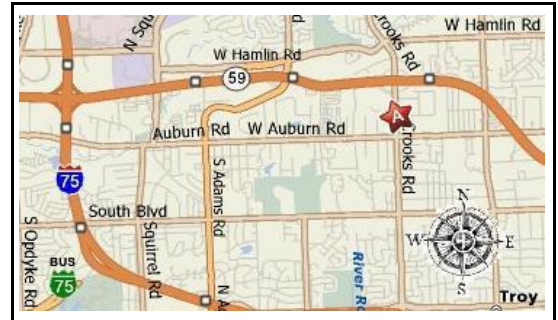


# ROCHESTER HILLS MEDICAL CENTER P.C.

## Urgent Care / Walk In Clinic

2820 Crooks Road, Suite 400  
Rochester Hills, MI 48309  
Phone (248) 852-9290  
Fax (248) 852-0305  
Visit us at [www.rhmedicalcenter.net](http://www.rhmedicalcenter.net)  
Email: [rhmedicalcenter@yahoo.com](mailto:rhmedicalcenter@yahoo.com)



## Authorization for Medical Exam / Treatment

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

Location: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

**Employer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Employee:**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

SS# : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Describe Injury: \_\_\_\_\_

### **PHOTO ID REQUIRED FOR ALL PHYSICALS / DRUG SCREENINGS / INJURY AND ILLNESS CARE**

This is to certify that I give authorization to Rochester Hills Medical Center Staff to release all information regarding this examination / testing & or treatment to my employer, prospective employer, employer's insurer or employer's designee.

**I understand that I am financially responsible for all services and fee's unless paid otherwise.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: Please notify us if any of the above information changes during the course of your treatment**



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**To download more forms please visit our website**

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

SS#: \_\_\_\_\_ Date: \_\_\_\_\_

**Treat Injury / Illness:**

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

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check the services desired:**

**Physicals:**

- \_\_\_ DOT Medical Exam & Card
- \_\_\_ Pre-Employment Physical
- \_\_\_ School Physical
- \_\_\_ Sports Physical
- \_\_\_ Return to Work
- \_\_\_ OSHA Compliance Exam (Hi-Lo)
- \_\_\_ Respirator Fit Testing
- \_\_\_ Police-Fire Regulatory Exam
- \_\_\_ Other: \_\_\_\_\_

**Vaccinations:**

- \_\_\_ TB Test
- \_\_\_ Tetanus
- \_\_\_ Hepatitis A
- \_\_\_ Hepatitis B
  
- \_\_\_ Flu Shots
- \_\_\_ Global Travel Vaccinations
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

**Drug/Alcohol Testing:**

- \_\_\_ 5 Panel Urine (On Site)
- \_\_\_ 10 Panel Urine (On Site)
- \_\_\_ Chain of Custody Collection Urine Test (C.O.C./C.C.F.)
- \_\_\_ Non-DOT Lab Urine Drug Test
- \_\_\_ Breath Alcohol Testing
- \_\_\_ Blood Alcohol Test
- \_\_\_ Hair Drug Testing
- \_\_\_ Other: \_\_\_\_\_