

ALGONQUIN
650 S. Randall Rd.

ELGIN
1550 N. Randall Rd.

ROCKFORD
5875 E. Riverside Blvd.

Algonquin / Elgin Fax: 815.484.6979

Rockford Fax: 779.774.1351

Authorize by phone: 815.298.2749



For quick, direct authorization submission, complete this form online.



AUTHORIZATION FORM

PLEASE ARRIVE PRIOR TO 7:15 PM M-F / 1:15 PM WEEKENDS IF YOU ARE COMING FOR EMPLOYMENT PHYSICALS & DRUG SCREENS.

TO BE COMPLETED BY ORTHOILLINOIS EMPLOYEE: Time of Arrival: _____

EMPLOYEE MUST HAVE PHOTO IDENTIFICATION

Authorization Date: _____ Authorization Expires: _____
 Employee/Applicant name: _____ Job Title: _____
 Employer name: _____
 City: _____ Phone: _____
 Authorized Signature: _____

WORK-RELATED INJURY / Incident Care: *Fast Track*

Medical Evaluation (**with** ___ **drug screen**/ ___ **alcohol**) Medical Evaluation Only (W/O drug screen or alcohol)
 Date of work-related injury/incident: _____
 Body Part(s) Approved for Treatment: _____

Substance Abuse Testing / Employer Services Program *Billed to Employer*

Urine Drug Test <input type="checkbox"/> Non-Federal <input type="checkbox"/> Federal	Breath Alcohol Test <input type="checkbox"/> Non-Federal <input type="checkbox"/> Federal
<input type="checkbox"/> Rapid <input type="checkbox"/> Non-Rapid / <input type="checkbox"/> 5-Panel <input type="checkbox"/> 10-Panel	
<input type="checkbox"/> Pre-employment <input type="checkbox"/> Post-Accident <input type="checkbox"/> Annual	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Post-Accident
<input type="checkbox"/> Random <input type="checkbox"/> Follow-up	<input type="checkbox"/> Random <input type="checkbox"/> Follow-up
<input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return-to-Duty	<input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return-to-Duty
.....	
<input type="checkbox"/> Pre-Emp./Post Offer Physical <input type="checkbox"/> DOT Exam (new) <input type="checkbox"/> DOT Exam (recertification)	
<input type="checkbox"/> School Bus Driver Exam <input type="checkbox"/> Lift Test (Provider)	
<input type="checkbox"/> Notes: _____	

ADDITIONAL TESTING (non-patient file)

<input type="checkbox"/> Accucheck	<input type="checkbox"/> Audio Screen	<input type="checkbox"/> Blood Pressure Check	<input type="checkbox"/> Cotinine (Nicotine) Urine Test
<input type="checkbox"/> Hep B Titer	<input type="checkbox"/> Hep B Vaccination	<input type="checkbox"/> OSHA Lead ZPP	<input type="checkbox"/> RBC Cholinesterase
<input type="checkbox"/> TB QuantiFeron	<input type="checkbox"/> TB Mantoux	<input type="checkbox"/> TDAP Vaccination	<input type="checkbox"/> Urine Dip (No Micro)
<input type="checkbox"/> Vision Screening	<input type="checkbox"/> X-Ray / Chest	<input type="checkbox"/> X-Ray / Lumbar	<input type="checkbox"/> Other _____

Pre-Employment back assessment (performed in Rehabilitation Department and are **not performed after 5pm weekdays or on Saturdays or Sundays**)

SELF-PAY EMPLOYMENT EXAMS: *Paid by Employee at Time of Service*

Pre-Emp./Post Offer Physical DOT Exam (new) DOT Exam (recertification)
 TB Mantoux Skin Test Federal 5-Panel Urine Drug Test
 Notes: _____

***** PLEASE DO NOT BRING CHILDREN WITH YOU FOR YOUR VISIT UNLESS YOU ARE ACCOMPANIED BY SOMEONE THAT WILL BE RESPONSIBLE TO CARE FOR THEM *****