

OCCUPATIONAL HEALTH SERVICES EMPLOYER TREATMENT AUTHORIZATION

Patient name: _____ Date of birth: ____ / ____ / ____ Date: _____

Employer: _____ Position: _____

Address: _____

Visit authorized by: _____ (Please print.)

Title: _____ Phone: _____

Does the employee work for a temporary placement agency: Yes No Name of agency: _____**Patients under 18 years old, are required to have a parent or guardian in attendance when seen in the clinic.****Clinic appointments and hours:** All sites are open Monday through Friday, from 8 a.m. to 4:30 p.m. The clinic on Spring City Drive in Waukesha is open until 8 p.m. on Monday and Wednesday. **To make an appointment, call 262-928-5900.****Requested Services** **Procedure/Protocol**

Procedure title or brief description: _____

_____ **Injury care** Date of injury: _____

WC Carrier & Claim number, if known: _____

 Drug Test (Photo ID required) Breath Alcohol Test (Photo ID required)

Brief description: _____

_____**Substance Abuse Testing** (Photo ID required) **Drug Test** **Breath Alcohol Test****Reason:** Pre-employment Post injury Random drug screening Reasonable suspicion Return to Duty Follow-Up Other _____**Type:** Department of Transportation (DOT) Non-Department of Transportation Rapid drug Other _____**Occupational health clinics****Brookfield**195 Discovery Drive
Second floor**Mukwonago**240 Maple Ave.
(Enter main entrance, proceed to occupational health registration desk.)**New Berlin**13900 W. National Ave.
Check-In last desk to the left**Oconomowoc**

1185 Corporate Center Drive, Suite 150 (Door 2)

SussexN57 W24950 N. Corporate Circle
(north of Hwy. K on Hwy. 164)
Check-in to the right around the corner**Waterford**

808 Cornerstone Court

Watertown

109 Air Park Drive

Waukesha1011 Spring City Drive
(Just off Sunset Dr.)