



AUTHORIZATION FOR TREATMENT

ALL services included in the account profile for respective service WILL be performed unless otherwise stated.

Company Name \_\_\_\_\_ Location \_\_\_\_\_
Employee or Prospective Employee Name \_\_\_\_\_
Company representative authorizing service \_\_\_\_\_ Phone \_\_\_\_\_
Signature of authorization \_\_\_\_\_ Date \_\_\_\_\_

Occupational Health Locations and Services

Grid of location information and service options including Dearborn West, Dearborn East, Taylor, Garden City, Bloomfield, Southfield, Warren, Romulus, Ypsilanti, and Livonia. Includes checkboxes for Company pay, Employee pay, WORK RELATED INJURY, PHYSICAL EXAMINATIONS, DRUG AND ALCOHOL SCREENING, REASON FOR SCREENING, and VACCINATIONS.