



CONNECTICUT URGENT CARE CENTERS, LLC
860-378-8585 - 860-894-2194 (Fax) - email: hello@cturgentcarecenters.com
136 BERLIN ROAD - CROMWELL - CT - 06416
cturgentcarecenters.com

Authorization To Treat

Permission is given to CT Urgent Care Centers to provide medical services to the following employee. In the event this employee's injury is determined to be non work related, employer is responsible for any services required to make that initial determination and employee will be referred to his/her Physician or the ED if necessary.

Pt Name _____ DOB ____ / ____ / ____

Company Name _____

Authorized by _____ Phone _____

Treatment of Work Related Injury:

Type of Injury(body part) _____ (R)___ (L)___

Date of Injury ____ / ____ / ____

Workers Comp Ins Carrier _____

Contact name _____ Phone _____ Fax # _____

Patient Occupation _____ Date of injury _____

Request for Medical Treatment:

Post Offer Physical Exam: _____ Other: _____

DOT Exam Initial _____ DOT Exam Recertification _____

Drug Screen **Non-DOT** _____ **DOT** _____ Reason: check one:

Pre placement__ Random__ Reasonable Suspicion__ Post Accident__ Follow Up__

Breath Alcohol Test Non-DOT _____ DOT _____

Reason: Pre-placement__ Random__ Reasonable Suspicion__ Post Accident__ Follow Up__

Check all that apply:

Hepatitis B testing: Vaccine _____ 1__2__3__ Blood test for Immunity Status _____

PPD _____ Two step PPD _____

Positive PPD follow Up Blood test (Quantiferon) _____ Chest X -Ray _____

Authorized Employer Signature _____

Phone# _____ Fax# _____ Date _____

Please call the office 860 378-8585 or fax this form to 860 894-2194 when you send an employee.