

**AFTER HOURS DRUG SCREENS**  
 Hurley Med Ctr. Emergency Dept.  
**Pager Alert** if Drug or Alcohol  
 Screen is needed  
**Post-Accident: 810-972-3399**

**Authorization for Medical Services Form**

PHOTO ID REQUIRED

Company Name: Central State Community Services  
 Patient Name: \_\_\_\_\_  
 Authorized By: Kari Conner, HR Manager

Date: *K. Conner*  
 Employer Telephone #: (989) 631-6691  
 Authorizing Signature: \_\_\_\_\_

Injury Care		
Injury	<p><b>Treatment/Evaluation</b></p> <p><input type="checkbox"/> Work-comp injury and follow-up care  <input type="checkbox"/> Drug Screen with initial visit          <input type="checkbox"/> Breath Alcohol Test</p> <p><b>Authorization For Work-Comp Services</b></p> <p><input type="checkbox"/> I authorize services for every visit necessary for this injury  <input type="checkbox"/> I would like to authorize the first visit only</p>	
Non-DOT Procedures	DOT Procedures	
Physical Exams	<p><b>Physical Examination</b></p> <p><input type="checkbox"/> Post Offer/Pre-employment          <input type="checkbox"/> Silica  <input type="checkbox"/> Return to Work                          <input type="checkbox"/> MCOLES  <input type="checkbox"/> Fit for Duty                                 <input type="checkbox"/> Respiratory  <input type="checkbox"/> Other: _____</p> <p><b>Physical Examination</b></p> <p><input type="checkbox"/> New  <input type="checkbox"/> Recertification  <input type="checkbox"/> Follow-up</p>	
NON-DOT	Substance Abuse Testing	DOT
Drug Tests	<p><b>Drug Test-Type (Must check one &amp; circle the panel type)</b></p> <p><input type="checkbox"/> Urine Drug Screen (circle panel type)          <input type="checkbox"/> MCOLES  4 5 6 10                                                  <input type="checkbox"/> Breath Alcohol (BAT)  <input type="checkbox"/> Rapid Drug Screen (circle panel type)          <input type="checkbox"/> Other: _____  6 11 12 Nicotine  <input type="checkbox"/> Hair Drug Screen (circle panel type)  4 5 10  <input type="checkbox"/> Collect Only Drug Screen (circle type)  Urine                  Hair</p> <p><b>Reason for Drug Test (Must check one)</b></p> <p><input type="checkbox"/> Pre-employment                                  <input type="checkbox"/> Return to Work  <input type="checkbox"/> Random                                                  <input type="checkbox"/> Follow-Up  <input type="checkbox"/> Reasonable Suspicion/Cause                  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Post-accident</p>	
	<p><b>Drug Test-Federally Mandated (Must check one)</b></p> <p><input type="checkbox"/> Urine-DOT Panel  <input type="checkbox"/> Urine-DOT-Collect Only  <input type="checkbox"/> Breath Alcohol-DOT (BAT)</p> <p><b>Reason for Drug Test (Must check one)</b></p> <p><input type="checkbox"/> Pre-employment  <input type="checkbox"/> Random  <input type="checkbox"/> Reasonable Suspicion/Cause  <input type="checkbox"/> Post-accident  <input type="checkbox"/> Return to Work  <input type="checkbox"/> Follow-Up  <input type="checkbox"/> Other: _____</p>	
Other/Special Exams		
Other	<p><input type="checkbox"/> Hepatitis A Services                                  <input type="checkbox"/> Respiratory Questionnaire                  <input checked="" type="checkbox"/> TB Test: Type: _____  <input type="checkbox"/> Hepatitis B Services                                 <input type="checkbox"/> Pulmonary Function Test                  <input type="checkbox"/> X-Ray: Type: _____  <input type="checkbox"/> Audiogram                                                  <input type="checkbox"/> Respiratory Fit Test                          <input type="checkbox"/> Return to Work/Fitness for Duty Exam  <input type="checkbox"/> Vision Test (please circle type) Titmus Ishihara Snellen Jaeger          <input type="checkbox"/> Essential Job Functions Testing (wear tennis shoes)  <input type="checkbox"/> Other: _____                                          <input type="checkbox"/> Lab Tests: _____</p>	
Company	<p><b>Other testing and/or company specific instructions:</b></p> <hr/> <hr/> <hr/>	
Billi	<p><input type="checkbox"/> <b>Employee to pay charges (check if applicable)</b></p>	
HHS Instructions	<p>Please arrive 30 minutes prior to close  <b>PHYSICAL EXAM:</b> Please bring your glasses or contacts  <b>URINE DRUG SCREEN:</b> Do not urinate prior to arrival  <b>PULMONARY FUNCTION TEST:</b> Do not eat, use an inhaler, or smoke for one hour prior to arrival</p>	

*See back for a listing and map of our five locations.*

## BURTON

### Hurley Urgent Care-Burton

2065 S. Center Rd  
Burton, MI 48519  
Ph: 810-262-2360  
Fax: 810-715-2998

M-F 10A-10P  
SAT & SUN 10A-6P

## DURAND

### Hurley Urgent Care-Durand

8759 Monroe Rd.  
Durand, MI 48429  
Ph: 810-262-2710  
Fax: 989-541-1023

M-F 10A-10P  
SAT & SUN 10A-6P

## FLINT

### Hurley Urgent Care

1 Hurley Plaza  
Flint, MI 48503  
Ph: 810-262-9899  
Fax: 810-262-2416

M-F 10A-10P  
SAT & SUN 10A-6P

## GRAND BLANC

### Hurley Urgent Care-Gd Blanc

5494 S. Dort Highway  
Flint, MI 48507  
Ph: 810-262-7731  
Fax: 810-695-2032

M-F 10A-10P  
SAT & SUN 10A-6P

## LAPEER

### Hurley Urgent Care-Lapeer

1794 N. Lapeer Rd, Suite D  
Lapeer, MI 48446  
Ph: 810-969-4401  
Fax: 810-969-4407

M-F 10a - 10p  
Sat & Sun 10a - 6p

