A&C UrgentCare
www.urgentcareac.com

Industrial Authorization and Request Form

Employee Name: _____

Company Name: _____

Company Phone Number: _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Time: _____

Name of workers comp insurance Co.: _____

Service Required:

___ Injury
___ DMV/DOT Physical
___ Post offer physical
___ Breath Alcohol Test
___ Regular Drug Screen
___ NIDA Drug Screen
___ Chest Xray
___ TB Test
___ Lift Test
___ PFT

Comments/Other: _____

_____

_____

Tel: (714) 634-4884 Fax: (714) 635-5389

1000 S. Anaheim Blvd. Suite 200, Anaheim, CA 92805