

# VELOCITY URGENT CARE

IN PARTNERSHIP WITH  SENTARA®

Authorization for Examination or Treatment – Please print clearly and complete form in its entirety. This form should be completed by the Designated Employee Representative or HR, it should be hand carried by the employee at the time of visit. Employee should present with Valid Picture ID.

Company Account # \_\_\_\_\_

Employee Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
 COMPANY CONTACT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

Physical

Pre-Employment Physical     DOT/CDL Physical  
 Respirator Physical     Other (specify) \_\_\_\_\_

Type of Test / Reason for Testing

Pre-employment     Post-Accident     Random     Reasonable Suspicion

Auxiliary Services

Fit Test (bring mask)     Chest Xray     Vision  
 Audiometry     PFT/Spirometry     EKG  
 Other \_\_\_\_\_

Drug Screen    DOT (Urine) w/MRO review – Lab Based

FMCSA     PHMSA     FAA     FTA     FRA     USCG  
 DOT URINE COLLECTION ONLY –PATIENT TO PROVIDE CHAIN OF CUSTODY \_\_\_\_\_

Vaccines

PPD Placement     Hep A     Hep B  
 Td/Tdap     Flu     Other \_\_\_\_\_

Drug Screen    Non-DOT (Urine) w/MRO review – Lab Based

5 Panel     7 Panel     9 Panel     10 Panel     11 Panel  
 Extended Panel w/ opiates     Extended Panel w/ oxycodone  
 NON-DOT URINE COLLECTION ONLY –PATIENT TO PROVIDE CHAIN OF CUSTODY \_\_\_\_\_

Labs

CBC     CMP     Lipid     PSA  
 QuantiFERON Gold     HbA1c     Urinalysis  
 Other \_\_\_\_\_

Rapid Urine Drug Screen    In-house Instant

5 Panel     11 Panel

Hair Drug Scree w/MRO review – Lab Based

5 Panel     11 Panel

WORK RELATED INJURY    Injury    Illness

Date / Time of Injury \_\_\_\_\_

Saliva (oral fluids) Drug Screen w/MRO review – Lab Based

5 Panel     11 Panel

Billing Information

Employee to Pay  
 Employer / Company to Pay Charges  
 Work Compensation  
 Insurance Company \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_

Breath Alcohol Test (BAT)

DOT     Non-DOT

AUTHORIZED BY \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Date \_\_\_\_\_