

# Medical Authorization Form

Please call ahead to make an appointment whenever possible.

Patient Name: \_\_\_\_\_ **Appt. Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
An officer or properly designated person      Signature      Print

**By signing this authorization the above referenced company acknowledges and agrees that it is fiscally responsible for all incurred charges, whether work related or non-work related.**

Verbal authorization

Given by: \_\_\_\_\_ Taken by: \_\_\_\_\_  
Name      Phone #      Initial

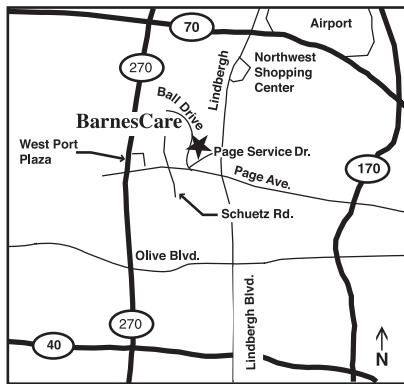
<b>Work-Related Injury/Illness</b> (check box)	<input type="checkbox"/> Evaluation <input type="checkbox"/> Treatment Specify body part: _____ <i>If this incident is deemed not work-related, the authorizing organization will be responsible for charges prior to written notification.</i>
<b>Drug Screen</b> (check box)	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT ( <input type="checkbox"/> Urine lab <input type="checkbox"/> Urine Rapid <input type="checkbox"/> Hair <input type="checkbox"/> Saliva ) <input type="checkbox"/> Post-offer <input type="checkbox"/> Post accident <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow-up <input type="checkbox"/> Witnessed/observed <input type="checkbox"/> Employee to pay
<b>Breath Alcohol Screen</b> (check box)	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Post-offer <input type="checkbox"/> Post accident <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow-up <input type="checkbox"/> Witnessed/observed <input type="checkbox"/> Employee to pay
<b>Physical Examination</b> (check box)	<input type="checkbox"/> Post-offer <input type="checkbox"/> DOT <input type="checkbox"/> Annual <input type="checkbox"/> Respiratory clearance <input type="checkbox"/> Toxic <input type="checkbox"/> Asbestos <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employee to pay
<b>Immunization</b> (check box)	<input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Flu <input type="checkbox"/> TB <input type="checkbox"/> Tetanus <input type="checkbox"/> MMR <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employee to pay
<b>Other Services</b> (check box)	<input type="checkbox"/> PFT <input type="checkbox"/> Audiometry <input type="checkbox"/> Post-offer job screen <input type="checkbox"/> Lab: _____ <input type="checkbox"/> Other: _____

Patients under 18 years of age need written parental authorization for physicals, injury treatment and/or injections.

**See back of sheet for maps to clinics.**

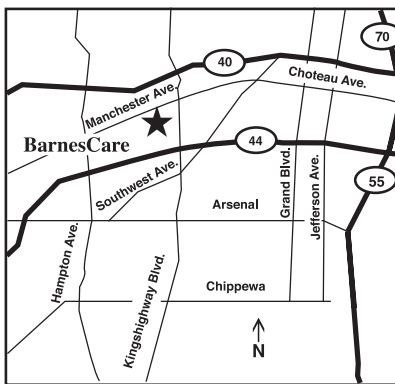
# BarnesCare Convenient Locations

## Westport



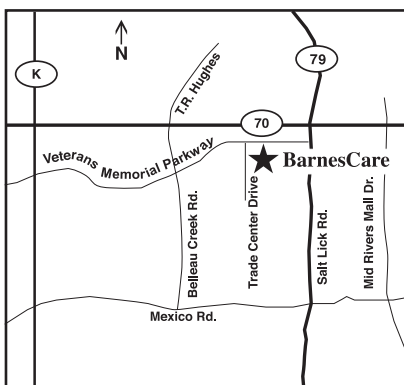
11501 Page Service Drive (enter from Ball Drive)  
 St. Louis, MO 63146  
 (314) 993-3014, fax: (314) 993-7031  
 Mon-Fri, 7:30 am - 6:00 pm  
 Rehab: (314) 993-3279, Fax: (314) 993-8005  
 Mon-Fri, 8:00 am - 4:30 pm

## Midtown



5000 Manchester, St. Louis, MO 63110  
 (314) 747-5800, fax: (314) 747-5866  
 Mon-Fri, 7:30 am - 6:00 pm  
 Rehab: (314) 747-5835, Fax: (314) 747-5867  
 Mon-Fri, 8:00 am - 4:30 pm

## St. Peters



1901 Trade Center Drive, St. Peters, MO 63376  
 (636) 978-1008, fax: (636) 978-1926  
 Mon-Fri, 8:00 am - 4:30 pm  
 Rehab: (636) 978-1008, Fax: (636) 978-2156  
 Mon-Fri, 8:00 am - 4:30 pm

**BJC 24/7  
 Occupational Medicine  
 Case Management  
 (314) 995-0999**

Extending Occupational Medicine after  
 clinic hours on holidays and weekends

### Emergency and after hour care is available at any of these BJC facilities:

#### Alton Memorial Hospital

One Memorial Drive, Alton, IL 62002  
 (618) 463-7474

#### Barnes-Jewish Hospital

Emergency and Trauma Center  
 400 S. Kingshighway Blvd., St. Louis, MO 63110  
 (314) 362-9123

#### Barnes-Jewish St. Peters Hospital

10 Hospital Drive, St. Peters, MO 63376  
 (636) 916-9640

#### Barnes-Jewish St. Peters O'Fallon Medical Building

BJC Urgent Care Center  
 2630 Highway K, O'Fallon, MO 63366  
 (636) 980-5300  
 Open 8:00 a.m. - 8:00 p.m., 7 days a week

#### Barnes-Jewish West County Hospital

12634 Olive Blvd., St. Louis, MO 63141  
 (314) 996-8470

#### Christian Hospital

11133 Dunn Road, St. Louis, MO 63136  
 (314) 653-5700

#### Northwest HealthCare

1225 Graham Road, St. Louis, MO 63031  
 (314) 953-6994

#### Missouri Baptist Medical Center

3015 North Ballas Road, St. Louis, MO 63131  
 (314) 996-5225

#### Progress West HealthCare Center

2 Progress Point Parkway, O'Fallon, MO 63368  
 (636) 344-1151