Wise Care Urgent Care
33 Magothy Beach Road, Suites 102-103, Pasadena, MD 21122
www.wisecaremd.com
410-255-7900
Fax #: 410-255-7300

AUTHORIZATION FORM

Employee Name:	**DER/Employer Name:**
Date of Birth:	**Company Name:**
Employee Address:	**Company Address:**
Phone #:	**Phone#:** **Fax#:**

☑	PHYSICALS	☑	DRUG/ALCOHOL SCREENING	☑ 5 Panel Drug Test	☑ 10 Panel Drug Test
	Work Related Injury		DOT(Federal) Drug screen Test		
	DOT Physical ☐ Initial ☐ Recertification		Non-DOT Drug Screen Test		
	Pre-Employment Physical		Rapid Drug Screen (on-site)		
	Return to work Physical		DOT/Federal Breath Alcohol Test		
	Fitness for Duty Evaluation		Non-DOT Breath Alcohol Test		

Reason for Test: ☐ Routine ☐ Random ☐ Post-accident/Post injury ☐ Pre-employment
☐ Reasonable Suspicion ☐ Others: _____

Employee Signature: **Date:** **Time:**

DER/Employer Signature: **Date:** **Time:**

Workers Compensation/Post Injury Care	
Date of Injury:	Insurance Policy#:
Bill to: ☐ Company ☐ Insurance Carrier	Injury Claim #:
Insurance Carrier Name:	Adjuster Name:
Insurance Address:	Adjuster Phone #: Adjuster Fax #:
Insurance Phone #:	

DER/Employer Signature: **Date:** **Time:**

Appointment Instructions/Comments: