NORTH OAKS
Occupational Health Services

❑ **North Oaks Occupational Health Clinic- Hammond**
Located Within North Oaks Rehabilitation Hospital
1900 S. Morrison Blvd., Suite A • Hammond, LA 70403
Monday - Friday: 8 am- 5 pm
Phone: (985) 230-5726 Fax: (985) 230-5683

❑ **North Oaks Walk-In Clinic – Walker**
Located Next To Walmart
28050 Walker South Rd., Suite L • Walker, LA 70785
Monday-Friday: 7 am.-8 pm
Phone: (225) 664-2111 Fax: (225) 664-2888

AUTHORIZATION FOR TREATMENT

EMPLOYEE INFORMATION

Name (Last, First)		Date / /
SS#	Date of Birth _____/_____/_____	Employee Phone # ( )

EMPLOYER INFORMATION

Employer's Name	Employer's Phone # ( )	Employer's Fax # ( )
Employer's Address	City	State Zip
Name/Title of Authorizer	Signature of Authorizer	
Employee DER:	DER Phone #: ( )	

SERVICES REQUESTED

Please indicate the full range of services requested by placing a check (✓) in the box(es) next to the appropriate service(s). Please ensure ALL services required are checked. Your employee(s) MUST have valid picture identification for positive verification. When appropriate, please call in advance to schedule your Occupational Health appointments.

Release paperwork VIA: ❑ **Fax** ❑ **Mail** ❑ **Email** ❑ **With Employee** ❑ **Do NOT Release with Employee**

	Pre-Employment	Random	Post-Accident	Annual	Reasonable Suspicion	Other
DOT Physical Exam	❑	❑	❑	❑	❑	❑
DOT Breath Alcohol Test	❑	❑	❑	❑	❑	❑
DOT Urine Drug Screen	❑	❑	❑	❑	❑	❑
Non-DOT Physical Exam	❑	❑	❑	❑	❑	❑
Non-DOT Breath Alcohol Test	❑	❑	❑	❑	❑	❑
Non-DOT Urine Drug Screen	❑	❑	❑	❑	❑	❑
Drug Screen Quick Check	❑	❑	❑	❑	❑	❑

Other Treatment:(i.e., X-ray) _____

❑ TB Skin Test ❑ Hepatitis B Injection ❑ Flu Vaccine ❑ Tetanus ❑ Injury Prevention

❑ Bill to: _____

❑ File with Workers' Compensation Insurance.

❑ Self pay (employer to reimburse employee)

❑ Email results to: _____

WORKERS' COMPENSATION INFORMATION

Workers' Comp. Insurance Carrier	Policy #	Adjuster's Name
Workers' Comp. Insurance Carrier Address	Workers' Comp. Insurance Carrier Phone #	