



EMPLOYER AUTHORIZATION FORM

Freeman OccuMed – Joplin
3201 McClelland Blvd. Joplin
Phone: 417-347-6625
Fax: 417-347-6695

Freeman OccuMed – Carthage
1500 Case St., Carthage
Phone: 417-359-0625
Fax: 417-359-9132

Freeman OccuMed – Neosho
336 S. Jefferson St., Neosho
Phone: 417-451-2205
Fax: 417-455-4298

OccuMedAdmissions@freemanhealth.com CarthageOccumed@freemanhealth.com

Date Employee Date of Birth

Company Authorized by Phone

Comments

WORKERS' COMPENSATION AUTHORIZATION

Date of injury Description of injury

Has the patient received prior treatment for this injury? No Yes (If yes, name of medical provider)

CLIENT SERVICES AUTHORIZATION | PHOTO ID REQUIRED FOR TESTING

STEP 1 of 3: TEST REASON

- Pre-employment
Post accident
Random
Retest
Return to work
Follow-up
Reasonable suspicion
Other

STEP 2 of 3: SUBSTANCE ABUSE TESTING

- Federal drug screen (OccuMed MRO)
Urine non-federal drug screen
Oral non-federal drug screen
Urine express non-federal drug screen
Hair follicle drug screen
Collect specimen ONLY
Breath alcohol (BAT)
Saliva alcohol (swab) Urine alcohol (lab base)
Other

STEP 3 of 3: ADDITIONAL SERVICES

- DOT Physicals
Physicals (check all that apply)
Other Testing
Vaccination/Titers

ONSITE SERVICES AVAILABLE: Nearly all Freeman OccuMed services can be brought onsite to your facility. Please contact the On-site Coordinator for availability freemanonsite@freemanhealth.com.

Download this form at www.freemanhealth.com/OccuMedForm