Injury Care Associates Denver
2490 W. 26th Ave. Suite A-5
Denver, CO 80211
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Injury Care Associates Thornton
9351 Grant Street Suite 600
Thornton, CO 80229
Ph: 720-531-8377
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Injury Care Associates Parker
19284 Cottonwood Drive Suite 104
Parker, CO 80138
Ph: 720-409-0007
Fx: 855-618-2178

Authorization for Service

Employee Name: _____ Company Name: _____

Authorized By (print): _____ Phone: _____ Date: _____

Mark Requested Services Below

Work Related Injury, Illness or Exposure Date of Incident: _____ Body Part: _____

Reporting: Do you want to receive the WC164 Report* after each *Physician Visit*. ☐ YES ☐ NO

If yes, send reports via: ☐ Fax _____ ☐ Email _____

Authorized by (print): _____ Date: _____

*The WC164 Report communicates patient Work Status, Restrictions and Treatment updates

If Post-Accident drug or alcohol testing is required, please mark the testing below

Drug and Alcohol Testing

Classification: ☐ Non-Regulated (Non-DOT) ☐ Regulated (DOT)

Reason: ☐ Pre-Employment ☐ Post-Accident ☐ Random ☐ Reasonable Suspicion ☐ RTW ☐ Follow-up

Test Options: ☐ Collection ☐ 4 Panel ☐ 5 Panel ☐ 9 Panel ☐ 10 Panel ☐ BAT ☐ Other: _____

Physical Examination

☐ Pre-Employment ☐ Return-To-Work ☐ Fit-For-Duty ☐ DOT ☐ Other: _____

OSHA Examination (select type of physical below)

☐ OSHA Questionnaire ☐ Respirator ☐ Silica ☐ HazMat (Lead) ☐ Asbestos ☐Hexavalent Chromium

Immunizations

☐Influenza ☐ Hepatitis B ☐ Tetanus + Diphtheria (Tdap) ☐ MMR ☐ Varicella

Blood Testing

☐ Hepatitis B ☐ MMR ☐ Varicella ☐ Tuberculosis (QuantiFERON)

☐ Blood Borne Pathogen (BBP) Source Patient Testing (HIV, Hep B, Hep C reflex to RNA if Positive)

Additional Services

☐ Audiogram ☐ Respirator Fit Test ☐ Other: _____

www.injurycareco.com

Please note that only patient and staff are allowed in the drug/alcohol testing and clinical areas and that employer, family and friends will be asked to remain in the waiting area. Please notify your employee so they may plan accordingly.