

**AUTHORIZATION TO TREAT**

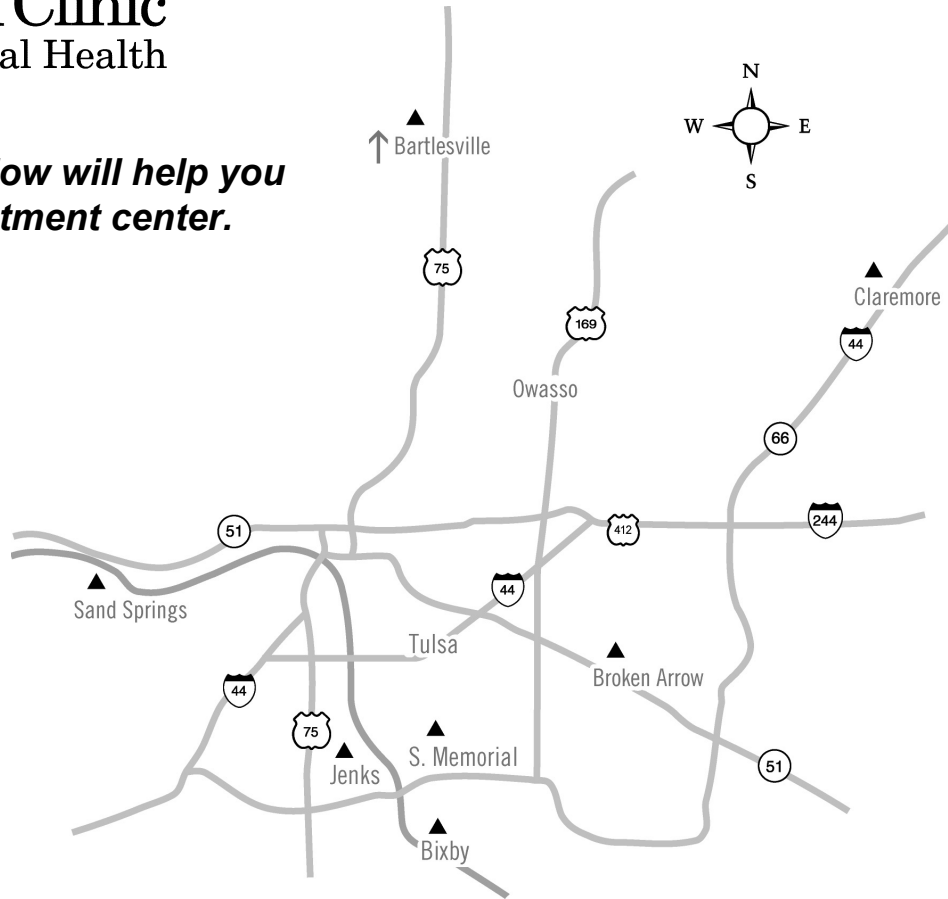
*Individuals requiring a Drug or Alcohol Test must present with a Valid Photo ID. (Driver License, State/Gov. issued ID)  
 Family/Children can not accompany individuals in treatment or drug/alcohol testing area.*

Employee Name		Date/Time Sent	
Employer	Employer Address		
Authorizing Person (Print Name)	Authorizing Person Email Address	Company Phone No.	Fax No.
<b>BILLING INFORMATION - Send Statement to:</b>			
<input type="checkbox"/> Company <input type="checkbox"/> Carrier <input type="checkbox"/> Certified Work Place Medical Plan (CWMP)			
Name of Carrier or place to be billed			
Billing Address		Billing Phone No.	
<b>SERVICES REQUIRED</b>			
<b>Physical</b>			
<input type="checkbox"/> Pre-Placement <input type="checkbox"/> DOT Exam <input type="checkbox"/> Audio <input type="checkbox"/> PFT <input type="checkbox"/> Fit Test <input type="checkbox"/> Other (specify) _____			
<b>Urine Drug Test (Select One)</b>		<b>Reason for Test</b>	
<input type="checkbox"/> DOT <input type="checkbox"/> 5 Panel Split <input type="checkbox"/> 11 Panel mCup <input type="checkbox"/> 5 Panel eScreen <input type="checkbox"/> Use Company CCF and Kit (Collection Only)		<input type="checkbox"/> Pre employment <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Post accident <input type="checkbox"/> DOT Certification/Recert <input type="checkbox"/> Follow up <input type="checkbox"/> Return to Duty <input type="checkbox"/> Other: _____	
<b>Breath Alcohol Test (Select One)</b>			
<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT			
<b>Injury Care (Explanation from Company Representative how injury occurred)</b>			
Injury Date/Time: _____			
Injury/body part(s) approved to be treated: _____			
How did injury occur: _____			
_____			
<b>Comments:</b>			
_____			
_____			
_____			
<b>Signature of person completing this form:</b>			
Signature : _____ Title: _____			

***If you would like to schedule an appointment please call 918-748-7683 or fax to 918-403-6303***

***See back for map of locations***

*The map below will help you locate a treatment center.*



**Locations**

**We are open extended hours 7 days a week to serve you.**

**St. John Urgent Care – Utica**

1717A South Utica Ave., Tulsa, OK 74104 | Phone: 918-748-1300

**St. John Urgent Care – South Memorial**

8131 South Memorial Dr., Ste. 102, Tulsa, OK 74133 | Phone: 918-872-6800

**St. John Clinic – Claremore**

1910 South Falcon Ave., Claremore, OK 74019 | Phone: 918-343-6855

**St. John Urgent Care – Sand Springs**

402 West Morrow Road, Sand Springs, OK 74063 | Phone: 918-245-1119

**St. John Urgent Care – Bartlesville**

3550 SE Frank Phillips Blvd., Bartlesville 74006 | Phone: 918-338-3730

**St. John Clinic – Jenks**

220 S. Elm, Suite 101, Jenks 74037 | Phone: 918-403-7146

**St. John Clinic – Bixby**

7673 E. 121st St. South, Suite 101, Bixby 74008 | Phone: 918-403-7142

**To learn more about all the services we offer please call 918-748-7683**