



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: City of Temecula Date of Birth: _____

Street Address: 41000 Main Street, Temecula, CA 92591 Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen Breath alcohol

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other **TB TEST ONLY** _____

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments: _____

Authorized by: Becky Obmann

Please print

Phone: (951) 694-6490

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other: _____

Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: HR Technician

_____ Date

(Copies of this form are available at www.concentra.com)

25115 Madison Avenue, Murrieta, CA 92562 | Phone: 951-600-9070