Carolina Quick Care

Employer Authorization - MUST BE COMPLETED
Please have patient bring form with them or fax to:
Phone (252) 537 5600 Roanoke Rapids Fax (252) 537-2375
Phone (252) 451-3411 Rocky Mount Fax (252) 451-3423
Phone (252) 991-0555 Wilson Fax (252) 991-0596

This is to Introduce: _____

Company Name: _____

Company Address: _____

_____

Phone#:_____ Fax#:_____

Contact: _____
Bill To:

_____

_____

Authorizing Signature: _____
Date of Signature: _____
(Please mark which service your company authorizes to have done for this patient)

- ☐ Physical Exam (Non-DOT)
  - ( ) Glucose testing if needed
- ☐ DOT Physical Exam
  - ( ) Glucose testing if needed
- ☐ Non-DOT Breath Alcohol Test
- ☐ DOT Breath Alcohol Test
- ☐ Evaluation for Respirator Fitness
- ☐ Worker's Compensation
- ☐ Non-DOT 5 panel (Using CQC Chain of Custody)
- ☐ Non-DOT Drug Screen Collection Only (Client to bring Chain of Custody)
- ☐ DOT Drug Screen (Using CQC Chain of Custody)
- ☐ DOT Drug Screen **(**Client to bring Chain of Custody)
- ☐ Hearing Test ( ) without interpretation
- ☐ TB Skin Testing
- ☐ Hepatitis B Series
- ☐ Other: _____

Employee: Please report to Carolina Quick Care. Please present this form with your valid Driver's License. **Drug Screens will not be collected without Picture ID.**