MERCY
IOWA CITY
An Affiliate of MERCYONE

Mercy Occupational Health
269 N. First Ave, Suite 102
Iowa City, Iowa 52245
Phone: 319-339-3921 Fax: 319-339-3858

Employer Request for Evaluation and Treatment

Appointment Date: ______________________________ Time: _______________

Employee/Patient Name: _______________________________ Date of Birth: _______/_______/________

Company Name: _____________________________________

Company Contact Name: _________________________________ Phone: _______________

Initial care for possible work related injury/illness Date of Injury:________/________/__________

Description of Injury/Illness ____

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******I authorize Mercy Occupational Health to evaluate and initiate treatment of the above-named employee. I understand that my company is responsible for payment of the initial visit to help determine continuing responsibility for care. Should this claim be determined "not work-related," I will notify the employee so that alternate medical care can be obtained and notify Mercy Occupational Health that continuing treatment is not authorized by the company.**

Authorized Company Representative__________________________________ **Date:** _______/______/______

Post-Accident Testing

Drug Screen
- ☐ DOT (FTA, FAA, FRA, USCG)
  - 5 panel standard test
- ☐ Non DOT
  - ☐ Standard test (Lab results)
  - ☐ Rapid Test
    - ☐ 5/6 panel
    - ☐ 9-10 panel

☐ Breath Alcohol Testing
- ☐ DOT
- ☐ Non DOT

☐ NO TESTING NEEDED

PHOTO ID REQUIRED – In the event that your employee presents to Mercy Occupational Health without a valid government or employer issued photo ID, you will be contacted and asked to send a Supervisor or Human Resource representative, whom also must have a valid photo ID, to verify the identity of your employee.

******I authorize Mercy Occupational Health to perform the request post-accident testing on the above-named employee. I understand that my company is responsible for payment of these charges with-in 30 days of services rendered.**

Authorized Company Representative__________________________________ **Date:** _______/______/______