

## **Emergency Room or After Hours Treatment Authorization**

## **Service Requested At:**

	egency Room	. [	U # Em	= ergency Roo	h om	
) "O	·O-		1874 Beltlin ) " C 256			
□ Worker's Comp Ir	njury, No Drug Screen		□ Post	-Accident Drug	Screen	
☐ Worker's Comp In	njury with Drug Scree	n	□ Doct	Assidant Drug	Saraon 9 EDT	
□ Worker's Comp Ir	njury with Drug Screei	n & EBT	□ POSt	-Accident Drug	Screen & ED1	
all Please call	ease from Outp I follow-up care ) U  Ollow-up appoir	e will be Occup	coordinated pational U <i>U</i>	d through to sci	hedule a	
Decatur Morgan Horgan H		mpus				
Employee Name			Authorized by	Name		
Company Name			Telephone Nu	mber		