PALMETTO HEALTH

***Health*Works**
1301 Taylor Street, Suite 2H
Columbia, South Carolina 29201
803-296-3500 Fax: 803-296-3965

EMPLOYER AUTHORIZATION. The purpose of this form is to give *Health*Works authorization to provide occupational health care to its clients. Before providing a service, *Health*Works requires the employer complete this form and either fax it to *Health*Works or send it with the employee. ***Health*Works also encourages clients to call *before* sending** an injured worker for medical treatment. Remittance of payment for service is expected within 21 day of receipt of invoice.

Patient Name: _____ SS#:_____ DOB:_____

PLEASE SELECT SERVICES HEALTHWORKS IS AUTHORIZED TO PERFORM:

☐ Drug Test *(circle one)*	DOT	Non-DOT	☐ Varicella Titer
☐ Breath Alcohol *(circle one)*	DOT	Non-DOT	☐ Titmus Vision Test
☐ Physical *(circle one)*	DOT	Non-DOT	☐ Audiogram
☐ Hepatitis B *(circle one)*	Titer	Vaccination	☐ Pulmonary Function test (PFT)
☐ TB Skin Test *(circle one)*	1 step	2 step	☐ Blood Pressure Recheck
☐ MMR *(circle one)*	Titer	Vaccination	☐ Physical Agility Test (PAT)
☐ Chest X-ray *(circle one)*	PA	PA&Lateral	☐ Respirator Fit
☐ Other:_____			☐ Other:_____

☐ Initial and subsequent visits for injury care from injury dated _____ until *Health*Works is notified in writing to stop treatment.

INJURY TREATMENT REQUIRED INFORMATION (WORKERS' COMPENSATION)

1st Report of Injury Completed ☐ YES ☐ NO *(please provide a copy if available)*

Date of Injury: _____ Injury Body Part / Side: _____

Employer at Time of Injury: _____Employer Contact: _____

Employer Address: _____City/St/Zip: _____ Phone: _____

Workers' Comp Carrier: _____ **Claim #:** _____

Carrier Address: _____ City/St/Zip: _____

Adjuster/Case Manager Name_____ Phone:_____ Fax:_____

_____ authorizes *Health*Works to provide the services indicated to the
(Company Name)
above named patient.

Authorized by: _____ Title: _____ Date:_____
Contact Phone Number:_____

*Health*Works is open Monday–Friday, 7:30 a.m.–4:30 p.m.; closed Thursday, noon–1 p.m.
Any patient requiring a drug test must arrive by 4:15 p.m.