

Authorization to Treat Employee

I, _____, authorize WellFast Urgent Care Center to
(name)

evaluate and treat _____.
(employee name)

By signing this form, the employee's company and/or insurance carrier agree to be financially responsible for any medical expenses generated by the treatment and evaluation of this employee.

_____ Date

_____ Signature and Title of Authorizing Person

_____ Company Name

_____ Company Address

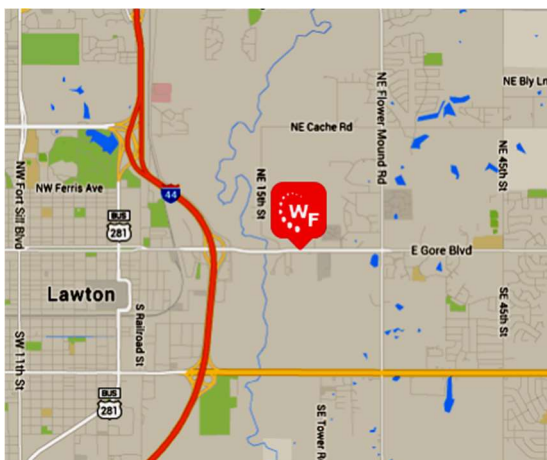
_____ Company Phone Number

Services Requested *(check all applicable)*

- Breath Alcohol Test
- Urine Drug Screen
 - 10 Panel (Rapid)
 - 10 Panel (Send out w/MRO)
 - Collection Only
- Pre-Employment Physical
- DOT Medical Exam
- Worker's Compensation

(evaluation and treatment of injury)

Other: _____



WellFast 1902 East Gore Blvd. Lawton, OK 73501

- Located in East Gore Plaza
- Head East on Gore Blvd
- Cross I-44
- Proceed thru traffic lights at Comanche Casino
- We are the 1st building on Left before Los Tres Amigos