

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

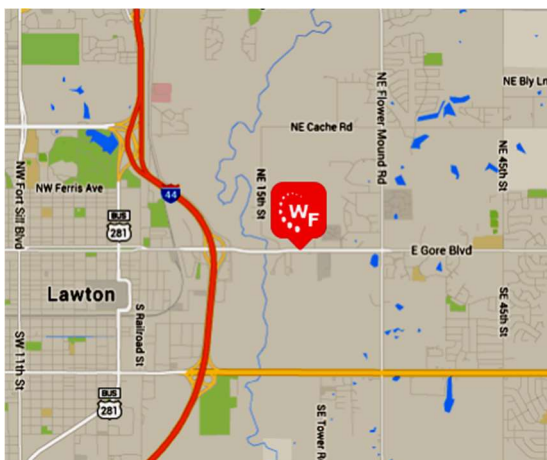
Company Phone Number

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