

Authorization to Treat Employee

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

evaluate and treat _____.
(employee name)

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
- Workers Compensation
(evaluate and treatment of injury)



WellFast West

- Located at NW 67th and Gore Blvd
- Head West on Gore Blvd
- Turn Right on 67th Street
- We are the 1st building on the left next to the
- Stripes gas station and across from McDonalds

WellFast East

- 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

20 NW 67th Street, Suite E
Lawton, OK 73505
580 536 9400
580 536 9401 Fax

contactus@wellfasturgentcare.com

1902 E. Gore Blvd.
Lawton, OK 73501
580 357 4200
580 357 4201 Fax