



KCH After Hours Care: ER SERVICE AUTHORIZATION FORM



574.372.7637 -- 800.410.3627

Employer: _____ Phone: _____

Patient: _____ Date: _____

THIS PATIENT IS AN EMPLOYEE OF OUR COMPANY AND REQUIRES THE FOLLOWING SERVICE(S):

- | | |
|--|--|
| <input type="checkbox"/> Injury Care | <input type="checkbox"/> 10-Panel Drug and Urine Alcohol |
| <input type="checkbox"/> Breath Alcohol Screen | <input type="checkbox"/> NIDA Drug Screen (DOT) |
| <input type="checkbox"/> Blood Alcohol Screen | <input type="checkbox"/> 5-Panel Non-NIDA Drug Screen |
| <input type="checkbox"/> 10-Panel Drug Screen | <input type="checkbox"/> Collect Only Drug Screen |

Photo ID required for all Drug and Alcohol Testing

Special Instructions: _____

Authorized by: _____

MedStat Hours

Monday - Friday
7:00 am - 8:00 pm

Saturday & Sunday
8:00 am - 4:00 pm

