NORTH OAKS
Occupational Health Services

☐ **North Oaks Walk-In Clinic – Hammond**
Located within North Oaks Rehabilitation Hospital
1900 S. Morrison Blvd., Hammond, LA 70403
Monday - Friday: 7 a.m.-8 p.m., Weekends: 8 a.m.- 4 p.m.
Phone: (985) 230-5726 Fax: (985) 230-5683

☐ **North Oaks Walk-In Clinic – Walker**
Located next to Walmart
28050 Walker South Rd., Walker, LA 70785
Monday-Friday: 7 a.m.-8 p.m., Saturday: 8 a.m.-4 p.m.
Phone: (225) 664-2111 Fax: (225) 664-2888

AUTHORIZATION FOR TREATMENT

EMPLOYEE INFORMATION		
Name (Last, First)		Date
SS#	Date of Birth	Employee Phone #
EMPLOYER INFORMATION		
Employer's Name	Employer's Phone #	Employer's Fax #
Employer's Address	City	State Zip
Name/Title of Authorizer	Signature of Authorizer	
Employee DER:	DER Phone #:	

SERVICES REQUESTED

Please indicate the full range of services requested by placing a check (✓) in the box(es) next to the appropriate service(s). Please ensure ALL services required are checked. Your employee(s) MUST have valid picture identification for positive verification. The Emergency Room can be utilized for after-hours Occupational Health injury care Monday—Friday, 8 p.m.—7a.m.; Saturday—Sunday, 4 p.m.—8 a.m.; and on holidays.

Release paperwork VIA: ☐ **Fax** ☐ **Mail** ☐ **Email** ☐ **With Employee** ☐ **Do NOT Release with Employee**

	Pre-Employment	**Random**	**Post-Accident**	**Annual**	**Reasonable Suspicion**	**Other**
DOT Physical Exam	☐	☐	☐	☐	☐	☐
DOT Breath Alcohol Test	☐	☐	☐	☐	☐	☐
DOT Urine Drug Screen	☐	☐	☐	☐	☐	☐
Non-DOT Physical Exam	☐	☐	☐	☐	☐	☐
Non-DOT Breath Alcohol Test	☐	☐	☐	☐	☐	☐
Non-DOT Urine Drug Screen	☐	☐	☐	☐	☐	☐
Drug Screen Quick Check	☐	☐	☐	☐	☐	☐

Other Treatment:(i.e., X-ray) _____

☐ TB Skin Test ☐ Hepatitis B Injection ☐ Flu Vaccine ☐ Tetanus ☐ Injury Treatment

☐ Bill to: _____
☐ File with Workers' Compensation Insurance.
☐ Self pay (employer to reimburse employee)
☐ Email results to: _____

WORKERS' COMPENSATION INFORMATION		
Workers' Comp. Insurance Carrier	Policy #	Expiration Date
Workers' Comp. Insurance Carrier Address	Workers' Comp. Insurance Carrier Phone #	