



# EcCare Health Centers

## EMPLOYER AUTHORIZATION FORM

(Bearer of this form must present Photo ID at time of service)

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company Name: \_\_\_\_\_ Division: \_\_\_\_\_

☐ Irving EcCare Health Center

☐ DeSoto EcCare Health Center

### Drug and Alcohol Screening:

- ☐ Pre-Employment ☐ Post Accident  
☐ Random ☐ Return to Duty  
☐ Reasonable Suspicion/Cause ☐ Follow-up  
☐ Other (specify) \_\_\_\_\_

\_\_\_\_ Drug Screen  
(Select one) ☐ DOT ☐ Non-DOT

If DOT, Specify Testing Authority:

☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

\_\_\_\_ Direct Observation Required

\_\_\_\_ Ec-Screen Quick Panel (Non-DOT)  
(Select one) ☐ 5-Panel ☐ 8-Panel ☐ 10-Panel

\_\_\_\_ Breath Alcohol Test  
(Select one) ☐ DOT ☐ Non-DOT

\_\_\_\_ Hair Testing

\_\_\_\_ Other: \_\_\_\_\_

### Examinations and Procedures:

- ☐ Pre-Placement  
☐ Re-Certification  
☐ Follow-up  
☐ Annual

\_\_\_\_ Return to Work Exam  
\_\_\_\_ DOT Examination  
\_\_\_\_ Physical Examination  
\_\_\_\_ Pulmonary Function Testing (PFT)  
\_\_\_\_ Respirator Fit Examination  
\_\_\_\_ Job Performance Assessment (JPA)  
\_\_\_\_ Audiometric Testing  
\_\_\_\_ Titmus Vision  
\_\_\_\_ EKG  
\_\_\_\_ T.B. Screening  
\_\_\_\_ Hepatitis B Vaccination ☐ 1 ☐ 2 ☐ 3  
\_\_\_\_ Vaccination \_\_\_\_\_  
\_\_\_\_ Other : \_\_\_\_\_

### Accident/Injury/Illness:

☐ Work Related or W/C ☐ Employer Funded Care Date of Occurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

How did the accident, injury or illness occur?

Worker's Comp Insurance Company and Contact Name/Number (if applicable):

☐ Employee to pay for charges at time of service

☐ Company Billing Plan

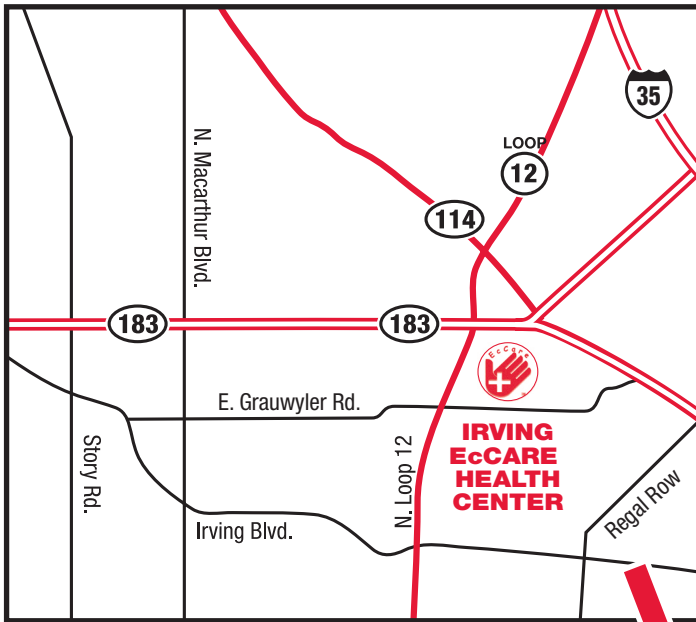
We agree to guarantee payment of authorized treatment for the individual named above.

Authorized By (Printed Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date : \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**www.EcCare.com**



### **Irving EcCare Health Center**

2233 E. Grauwlyer Rd. #110  
 Irving, Texas 75061  
 Phone: 972-659-1234  
 Fax: 972-257-9748

#### **Extended Hours**

**Mon – Fri 8:00am to 6:00pm**  
**Saturday 10:00am to 3:00pm**  
**Closed Sunday**

The facility is located just south of Hwy 183 (Airport Fwy) and ½ mile east of Loop 12 on Grauwlyer Road. We are on the north side of the street at the corner of E. Grauwlyer and Peters roads.

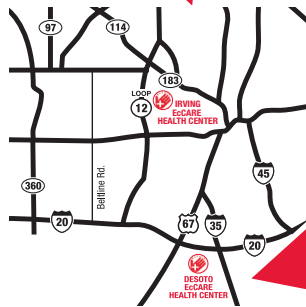
### **DeSoto EcCare Health Center**

911 N. Hampton Road #120  
 DeSoto, Texas 75115  
 Phone: 972-659-1234  
 Fax: 972-283-4484

#### **Extended Hours**

**Mon – Fri 8:00am to 6:00pm**  
**Saturday 10:00am to 3:00pm**  
**Closed Sunday**

The facility is located 3 miles south of I-20 and 2 miles west of I-35 on the northwest corner of N. Hampton Road and E. Pleasant Run Road. Look for our building behind Jack-in-the-Box.



### **Stephenville EcCare Health Center**

561 N. Graham Street  
 Stephenville, Texas 76401  
 Phone: 254-434-6400  
 Fax: 254-434-6400

**Thursday 8:00am to 5:00pm**

The facility is located north of Tarleton Street on N. Graham Street inside Cross Timbers Orthopaedics.

