



EMPLOYER AUTHORIZATION FOR SERVICES

Westchase
11969 Sheldon Rd.
Tampa, FL 33626

South Tampa
3301 W. Gandy Blvd.
Tampa, FL 33611

Carrollwood
4505 Gunn Hwy.
Tampa, FL 33624

Wesley Chapel
5504 Gateway Blvd.
Wesley Chapel, FL 33544

Riverview
11406 US Hwy 301 S.
Riverview, FL 33578

Tyrone
3251 66th St. N.
St. Petersburg, FL 33710

Seminole
7601 Seminole Blvd.
Seminole, FL 33772

Downtown at the Heights
303 W. Palm Ave
Tampa, FL 33602

Employee Name: _____ Employee Date of Birth: _____

Employer Name: _____

Employer Phone Number: _____ Contact Name: _____

Existing Account: Yes No Would you like us to contact you to set up an account? Yes No

Choose Bill To

- Employee Self Pay
- Employer Paid Attention To: _____ Via (email, fax, mailing address): _____
- Workers Compensation Carrier: _____ Contact Information: _____

Workers Compensation

- Injury Treatment-Date of Injury: _____
- Post-Accident Drug Testing *(If urine drug screening is required, please complete section below)*
- WC Claim Number: _____
- Insurance Used: _____
- Post-Accident Alcohol Testing Breath Screen
- Saliva Screen Other: _____

Physical Examination Needed

- Select Type of Physical Required:
- Pre-employment
- DOT Physical
- U.S. Coast Guard (Form Required)
- None
- Other: _____

Urine Drug Screening Needed

Select Type of Screen Required (Select One Only):

- Rapid 5-panel Rapid 10-panel
- DOT
- Traditional Non-DOT
- Single Cup 5-panel Single Cup 10-panel
- Split Cup 5-panel Split Cup 10-panel

Select Reason for Screen:

- Pre-employment Reasonable Suspicion/Cause
- Follow-up Workers Compensation Injury
- Random Return to Duty
- Other: _____

Titers Needed

- Select Type:
- Hepatitis A Hepatitis B
- MMR Varicella
- None
- Other: _____

Vaccinations Needed

- Select Type:
- Hepatitis A Hepatitis B
- MMR Varicella
- Tetanus – TD PPD-TB
- 2-Step PPD None
- Other: _____

Additional Services Needed

- Select Type:
- EKG Urinalysis
- Chest X-Ray L-Spine X-Ray
- Breath Alcohol Screening
- None
- Other: _____

I authorize Fast Track Urgent Care Center to treat the employee listed above for the services selected.

Revised 3/2018©

Authorized Designated Employee Representative _____ Date _____

Fast Track Urgent Care Center reserves the right to refuse treatment without employer authorization. Services provided without proper authorization will be billed as the patient's responsibility. Services may vary by location. To confirm services and availability, please contact Fast Track Urgent Care Center at 813-925-1903.