



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

Brandon
799 W Lumsden Rd
Brandon FL 33511

Downtown on Water Street
564 Channelside Dr.
Tampa FL 33602

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

Sun City Center
16521 US Hwy 301 S.
Wimauma, FL 33598

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 TGH Urgent Care powered by Fast Track to treat the employee listed above for the services selected.

Revised 9/2020@

Authorized Designated Employee Representative _____ Date _____

TGH Urgent Care powered by Fast Track 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 TGH Urgent Care powered by Fast Track at 813-925-1903.