



EMPLOYER AUTHORIZATION FOR SERVICES

TGH Urgent Care powered by Fast Track Location (Name & Address):

Employee Name: _____ Employee Date of Birth: _____

Employer Name: _____ EScreen Account #: _____

Employer Address:

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

☐ SplitCup 5-panel

☐ Split Cup 10-panel

Select Reasonfor Screen:

☐ Pre-employment

☐ Reasonable Suspicion/Cause

☐ Follow-up

☐ Workers CompensationInjury

☐ Random

☐ Return to Duty

☐ Other: _____

TitersNeeded

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.

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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.