HENRY FORD HEALTH®

Authorization for Treatment
Henry Ford Employer Solutions

Place patient label here or fill out information below:

Please complete the entire document

A state photo ID is required. Minors must be accompanied by a parent or legal guardian.

Employee Information

Date: _____ Employee Name: _____

Date of Birth: _____ Job Title: _____

Employer Information

Employer Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Workers Compensation Carrier: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

INJURY CARE REQUEST

☐ Work Injury - Briefly describe the injury (please include date of injury) _____

_____

***Controlled Substance Test with this injury:** ☐ Urine Drug Screen ☐ Breath Alcohol Test

REASON FOR TESTING

☐ Pre-Employment ☐ Random ☐ Post Accident ☐ Other
☐ Return to Duty ☐ Follow Up ☐ Reasonable Suspicion

AUTHORIZED SERVICES

☐ **Follow the established profile**

Physical Exams (Bring eyeglasses or contact lenses)

☐ Pre-Hire Physical ☐ DOT Initial ☐ MCOLES
☐ Annual ☐ DOT Recertification ☐ Return To Work
☐ Other_____

Drug and Alcohol Testing

☐ DOT Urine Drug Test ☐ Non-DOT Urine Drug Screen ☐ Non-DOT Breath Alcohol
☐ DOT Collection Only ☐ Non-DOT Collection Only Urine Drug Screen ☐ Hair Drug Testing
☐ DOT Breath Alcohol

Other

☐ Audiogram ☐ Pulmonary Function Test (PFT) ☐ Vision Test
☐ Chest X-Ray ☐ TB Skin Test ☐ Immunization: _____
☐ EKG ☐ TB QuantiFERON/Tspot ☐ Titer: _____
☐ Respirator Fit Test **(No facial hair. No tobacco, food or drink (except water) one hour prior to test)**

I give consent to Henry Ford Employer Solutions to bill the above selected services to the company listed on form

Authorized by: _____ **Title:** _____

HFES Staff Only:

☐ **Check if verbal authorization was obtained By:** _____ **Date/Time:** _____

Henry Ford Employer Solutions Locations

☐ **Detroit - Harbortown**
Henry Ford Harbortown
3300 E. Jefferson Ave., Ste. 100 Detroit, 48207
Phone: (877) 298-3350 Fax: (313) 656-1612
Email: EmployerSolutionsHarbortown@hfhs.org
*Monday thru Friday 8:00am - 4:30pm

☐ **Grand Blanc**
Henry Ford Genesys Hospital
1 Genesys Parkway Ste. 1620, Grand Blanc, 48439
Phone: (810) 606-5957 Fax: (810) 606-5907
Email: EmployerSolutionsGrandBlanc@hfhs.org
*Monday thru Friday 7:30am - 4:00pm

☐ **Livonia**
Mission Health Medical Center - Henry Ford Employer Solutions
37595 Seven Mile Rd., Livonia. 48152
Phone: (734) 432-6668 Fax: (734) 542-6108
Email: EmployerSolutionsLivonia@hfhs.org
*Monday thru Friday 7:30am - 4:00pm

☐ **Macomb Township**
Henry Ford St. John Hospital
17900 23 Mile Rd., Ste 304, Macomb Township, 48044
Phone: (586) 868-9120 Fax: (586) 868-9136
Email: EmployerSolutionsMacomb@hfhs.org
*Monday thru Friday 7:30am - 4:00pm

☐ **Novi**
Henry Ford Providence Hospital, Novi
Outpatient Center, NE Entrance
47601 Grand River Ave., Ste B230, Novi, 48374
Phone: (248) 465-4800 Fax: (248) 465-4872
Email: EmployerSolutionsNovi@hfhs.org
*Monday thru Friday 7:30am - 4:00pm

☐ **Warren**
Henry Ford Macomb Professional Building
11885 E. 12 Mile Rd. Ste. 202A Warren, 48093
Phone: (586) 573-5571 Fax: (248) 967-7716
Email: EmployerSolutionsWarren@hfhs.org
*Monday thru Friday 7:30am - 4:00pm

☐ **Mobile and Onsite Services**
Fully equipped medical staff that brings the best of Henry Ford occupational medicine right to your workplace. Contact your Account Executive for more information.

After-Hours
Our clinics can arrange after-hours injury care and drug/alcohol testing
Contact your Account Executive for more information