



Quick, Convenient, Quality Care
4185 East Grand River • Howell • MI • 48843
517•546•9200

EMPLOYER INFORMATION		BILLING INFORMATION	
1425 W. Grand River Ave. Howell, MI 48843 517.546.5550 LivingstonESA.org		<input type="checkbox"/> Bill LESA <input type="checkbox"/> Employee to pay at time of service <input type="checkbox"/> Bill Workers Compensation Carrier	
Name of Person Authorizing Treatment:		Date of Authorization:	
EMPLOYEE INFORMATION			
Workers Name:		Work Location:	
PROCEDURES			
Physical Examination <input type="checkbox"/> DOT Certification <input type="checkbox"/> Post Offer/Pre-Employment <input type="checkbox"/> Return to Work <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Respirator <input type="checkbox"/> Hazmat	Drug Test - Type <input type="checkbox"/> Urine <input type="checkbox"/> Rapid <input type="checkbox"/> Collection Only <input type="checkbox"/> Hair Reason for Drug Test <input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Work <input type="checkbox"/> Random <input type="checkbox"/> Follow-up Testing <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Other		Alcohol Test - Federally Mandated <input type="checkbox"/> Breath Alcohol Test Reason for Alcohol Test <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Follow-up Testing <input type="checkbox"/> Return to Work <input type="checkbox"/> Reasonable Suspicion/Cause Other: _____

OTHER / ADDITIONAL TESTING		
<input type="checkbox"/> Hepatitis B Vaccine <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> EKG <input type="checkbox"/> Labs <input type="checkbox"/> Chest X-ray/Back X-ray	<input type="checkbox"/> Pulmonary Function Test <input type="checkbox"/> Respirator Fit Test <input type="checkbox"/> Back Evaluation <input type="checkbox"/> TB	<input type="checkbox"/> Audio Test <input type="checkbox"/> Vision Test <input type="checkbox"/> Lift Test ____ lbs. <input type="checkbox"/> knee level <input type="checkbox"/> waist level
Other Testing and/or specific instructions: <hr/> <hr/>		

INCIDENT / INJURY
Treatment/Evaluation: Date of Injury: _____ Time of Injury: _____ What is the type/area of injury or illness? _____ Drug Screen with initial visit: <input type="checkbox"/> Yes <input type="checkbox"/> No Breath Alcohol Test: <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Explanation of How the Injury Occurred: <hr/> <hr/>

WORKERS COMPENSATION INSURANCE CARRIER INFORMATION	
CCMSI 2364 Woodlake Drive, Suite 100 Okemos, MI 48864 (866) 204-0808	Claim Adjuster: _____ Claim Number: _____

RediCare is located slightly east of the intersection of Laston Rd. & E. Grand River Ave., in the shopping plaza east of Art Van.

