



STATESBORO
South Georgia Immediate Care Center
1096 Bermuda Run Road
Statesboro, GA 30458
p - 912-871-5150
f - 912-871-5154
M-F 9 am - 8 pm
SAT. 9 am - 5 pm

SUN 12 pm - 5 pm

YOUR IMMEDIATE CARE CENTERS" from GEORGIA EMERGENCY ASSOCIATES

EMPLOYER'S AUTHORIZATION FOR EXAMINATION and/or TREATMENT

Employer must complete this form prior to the employee visit. **Employee** must present photo ID at time of service.

Employer Company Name Bulloch County Board of Co	ommissioners
Patient Name	Patient SSN/ID#
Employer Physical Address 115 N. Main Street, Statesboro, GA 30458	
Employer Billing Address 115 N. Main Street, Statest	oro, GA 30458
Contact Name Joleen Orfield	Contact Title HR Specialist
Contact Work Phone (912) 764-0164	Contact Mobile Phone
Contact E-Mail jorfield@bullochcounty.net	Contact Fax (912) 764-4609
Best Form of Contact □ Work Phone □ Mobile Phone ■ E-mail	☐ Fax ☐ Other:
Authorization Signature Signature Solven Orfield	Visit Date
	DRUG and ALCOHOL TECTING CERVICES
BILLING INFORMATION	DRUG and ALCOHOL TESTING SERVICES
Bill EMPLOYER (see Employer Billing Address above)	REASON FOR TESTING:
☐ EMPLOYEE to pay at time of Service	● Post-Accident □ Random □ Pre-employment □ Reasonable Suspicion
☐ Bill WORKERS' COMPENSATION Insurance Company / TPA*:	☐ DOT New Certification ☐ DOT Recertification
Ins. Co.	TEST REQUIRED:
Policy #	☐ DOT Drug Screen
Phone	☐ Instant 5-Panel Urine Screen
Contact	Instant 10-Panel Urine Screen
Claim #	☐ Hair Follicle Testing ☐ Non-DOT Specimen Collection only
	Breath Alcohol Test
WORK-RELATED INJURY CARE	
Date of Injury:	OCCUPATIONAL MEDICAL SERVICES
☐ Evaluate and Treat ☐ Light Duty is Available	□ DOT Physical – New Certification
Be sure to indicate Drug Screen and/or Breath Alcohol Test	□ DOT Physical – Recertification
required under DRUG and ALCOHOL TESTING SERVICES	□ Non-DOT Physical (Standard)
Are Drug Screens and/or Breath Alcohol Tests covered by Workers' Comp Ins Co/TPA?	☐ Non-DOT Physical (Employer Provided)
YNN/A	☐ Fit For Duty Evalutaion (Physical + PPE)
	Job Title/Desc
REPORTING RESULTS	☐ Audiogram
☐ Fax paperwork to employer	☐ Pulmonary Function Test (PFT)
E-mail paperwork to employer	☐ Chest X-Ray
☐ Call employer	☐ Lumbar Spine X-Ray
☐ Give all paperwork to employee	□ EKG
☐ Dive DOT card/Instant Screen Results Card only	☐ TB Test
SPECIAL INSTRUCTIONS	☐ Nicotine Test
Email all paperwork to jorfield@bullochcounty.net	☐ Flu Shot
	☐ Hepatitis Vaccine (circle) A B Both
	☐ Other