



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 INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1475	
Patient Name	Patient SSN/ID#
Employer Physical Address 24 DRAYTON STREET, SUITE 610, SAVANNAH, GA 31402	
Employer Billing Address N/A SELF PAY	
Employer PRIMARY Contact Name	Employer PRIMARY Contact Title
Employer PRIMARY Work Phone	Employer PRIMARY Mobile Phone
Employer PRIMARY Contact E-Mail	Employer PRIMARY Contact Fax
Employer PRIMARY Contact Best contact: ☐ Work Phone ☐ Mobile Phone ☐ E-mail ☐ Fax ☐ Other:	
Employer DER Name:	Employer DER Best Contact:
Authorization Signature	Visit Date

BILLING INFORMATION

- ☐ Bill EMPLOYER (see Employer Billing Address above)
☐ EMPLOYEE to pay at time of Service
☐ Bill WORKERS' COMPENSATION Insurance Company / TPA*:

Ins. Co. _____
Policy # _____
Address _____
Phone _____
Contact _____
Claim # _____

DRUG and ALCOHOL TESTING SERVICES

REASON FOR TESTING:

- ☐ Post-Accident ☐ Random
☐ Pre-employment ☐ Reasonable Suspicion
☐ DOT New Certification ☐ DOT Recertification

TEST REQUIRED:

- ☐ DOT Drug Screen ☐ Hair Follicle Testing
☐ 5-Panel Urine Screen ☐ Specimen Collection only
☐ Instant ☐ Breath Alcohol Test
☐ Lab-based
☒ 10-Panel Urine Screen
☒ Instant
☐ Lab-based

WORK-RELATED INJURY CARE

Date of Injury: _____

- ☐ Evaluate and Treat ☐ Light Duty is Available

Be sure to indicate Drug Screen and/or Breath Alcohol Test
required under *DRUG and ALCOHOL TESTING SERVICES*

Are Drug Screens and/or Breath Alcohol Tests covered by
Workers' Comp Ins Co/TPA?

☐ Y ☐ N ☐ N/A

OCCUPATIONAL MEDICAL SERVICES

- ☐ DOT Physical – New Certification
☐ DOT Physical – Recertification
☐ Non-DOT Physical (Standard)
☐ Non-DOT Physical (Employer Provided)
☐ Fit For Duty Evaluation (Physical + PPE)

Job Title/Desc _____

- ☐ Audiogram
☐ Pulmonary Function Test (PFT)
☐ Chest X-Ray
☐ Lumbar Spine X-Ray
☐ EKG
☐ TB Test
☐ Nicotine Test
☐ Flu Shot
☐ Hepatitis Vaccine (circle) A B Both
☐ Other _____

REPORTING RESULTS

- ☐ Fax paperwork to employer
☐ E-mail paperwork to employer
☐ Call employer
☐ Give all paperwork to employee
☐ Give DOT card/Instant Screen Results Card only

SPECIAL INSTRUCTIONS



St. Joseph's/Candler Urgent Care Center
Midtown
361 Commercial Drive
Savannah, GA 31419
(912)355-6221
(912)355-6914 FAX
Contact: Brianna Jones
Bjones@phcurgentcare.com

St. Joseph's/Candler Immediate Care Center
Hinesville
780 East Oglethorpe Highway
Hinesville, GA 31313
(912) 385-0801
(912) 332-7528 FAX
Contact: Michelle Boucher
Mboucher@phcurgentcare.com

St. Joseph's/Candler Urgent Care Center
Bluffton
3 Progressive Street
Bluffton, SC 29910
(843) 548-0533
(843) 815-9121 FAX
Contact: Destiney Darien
Ddarien@phcurgentcare.com

St. Joseph's/Candler Urgent Care Center
Pooler
107 Canal Street
Pooler, GA 31322
(912) 450-1945
(912) 450-1949 FAX
Contact: Ariel Wise
Awise@phcurgentcare.com

St. Joseph's/Candler Urgent Care Center
Richmond Hill
13314 Hwy 144 E
Richmond Hill, GA 31324
(912) 910-2010
(912) 910-445-6028
Contact: Carin Armstrong
Carmstrong@phcurgentcare.com

South Georgia Immediate Care Center
Statesboro
1096 Bermuda Run Road
Statesboro, GA 30458
(912) 871-5150
(912) 871-5154 FAX
Contact: Erica Smith
Esmith@phcurgentcare.com

St. Joseph's/Candler Urgent Care
Pooler Health Center
101 St. Joseph's/Candler Dr./Suite 100
Pooler, GA 31322
(912) 737-2250
(912) 737-2257 FAX
Contact: Teresa Sams
Tsams@phcurgentcare.com

St. Joseph's/Candler Urgent Care Center
Rincon
5621 Hwy 21 South
Rincon, GA 31326
(912) 295-5860
(912) 295-6033 FAX
Contact: Kim McCoy
Kmmccoy@phcurgentcare.com

BILLING/SETUP CONTACT:
Sharlene Czajkowski
5629 Hwy 21 South
Rincon, GA 31326
(912) 200-9240
(912) 313-4253 Cell
(912) 295-5924 FAX
sczajkowski@phcurgentcare.com

HOURS FOR FACILITIES:
MON-FRIDAY 8:00 A.M. – 8:00 P.M.
SAT./SUN 8:00 A.M. - 6:00 P.M.