



For the occupational health centers, call to arrange an appointment if possible. Please complete below indicating your authorization:

Patient Name: _____ Appt Time: _____ Date: _____

Company: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Authorized by: _____ Date: _____

An officer or properly designated person

Signature

Print

By signing this authorization the above referenced company acknowledges and agrees that it is fiscally responsible for all incurred charges, whether work related or non-work related.

Work-related Injury/Illness	Specific Body Part: _____ <i>If this incident is deemed not work-related, the authorizing organization will be responsible for charges prior to written notification.</i>
DOT <i>(check box)</i>	<input type="checkbox"/> Drug Screen <input type="checkbox"/> Alcohol Screen <input type="checkbox"/> Clearinghouse Query <input type="checkbox"/> Pre-Placement <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow-up <input type="checkbox"/> Witness/Observed <input type="checkbox"/> Employee to pay
NON-DOT <i>(check box)</i>	<input type="checkbox"/> Drug Screen <input type="checkbox"/> Alcohol Screen <input type="checkbox"/> Pre-Placement <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow-up <input type="checkbox"/> Employee to Pay
Physical Exam <i>(check box)</i>	<input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT <input type="checkbox"/> Pre-Placement <input type="checkbox"/> Periodic/Annual <input type="checkbox"/> Respiratory Clearance <input type="checkbox"/> Employee to pay <input type="checkbox"/> Other: _____
Immunization <i>(check box)</i>	<input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Flu <input type="checkbox"/> TB <input type="checkbox"/> Tdap <input type="checkbox"/> Other _____ <input type="checkbox"/> Employer to pay <input type="checkbox"/> Employee to pay
Other Services <i>(check box)</i>	<input type="checkbox"/> PFT <input type="checkbox"/> Audiometry <input type="checkbox"/> Other _____

Patients under 18 years of age need written parental consent for physicals, injury treatment and/or injections.

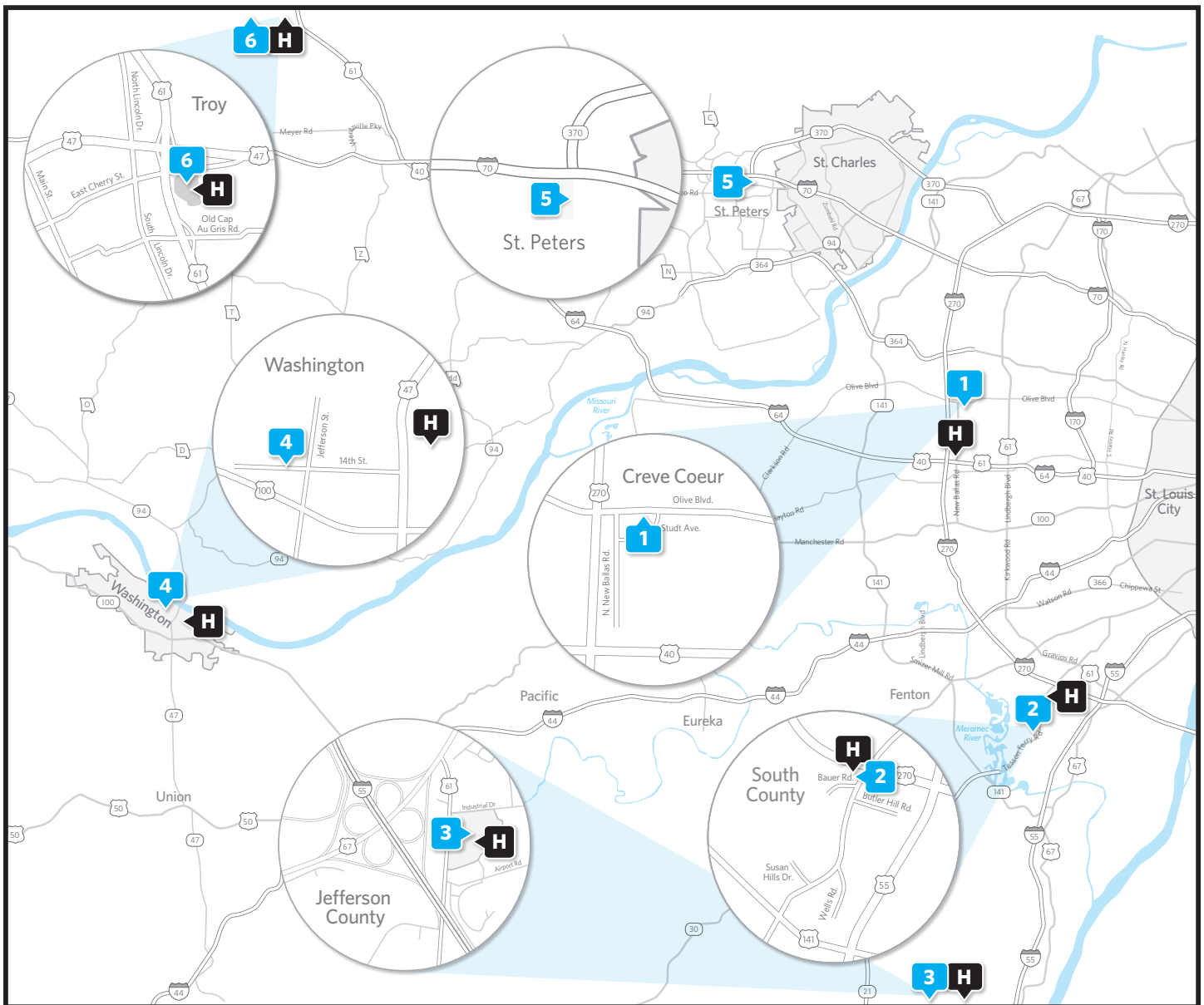
If your condition worsens, call the Treating Center. If your injury/illness requires emergency treatment, contact your employer for instruction and authorization to treat at an emergency room. All return visits should be scheduled at your Mercy treating locations.

Mercy Occupational Health Creve Coeur | Festus | South County | St. Peters | Washington

Emergency Rooms Mercy Hospital St. Louis | Mercy Hospital Washington
Mercy Hospital Lincoln | Mercy Hospital South | Mercy Hospital Jefferson

Mercy Urgent Care Troy

See back of sheet for facility information and maps.



Mercy Occupational Health
(Appointments are recommended)

- 1. Creve Coeur**
 7 a.m. to 5 p.m., M-F
 11700 Studt Ave. | St. Louis, MO 63141
 314-989-9199 | Fax: 314-989-9491
- 2. South**
 7 a.m. to 5 p.m., M-F
 12700 Southfork Rd. | Suite 270
 St. Louis, MO 63128
 314-729-9995 | Fax: 314-729-9994
- 3. Festus**
 8 a.m. to 4:30 p.m., M-F
 1390 US Hwy. 61 S | Suite 2100
 Festus, MO 63028
 636-933-1669 | Fax: 636-933-1699

- 4. Washington**
 8 a.m. to 5 p.m., M-F
 901 Patients First Dr. | Suite 2300
 Washington, MO 63090
 636-390-2600 | Fax: 636-390-4241
- 5. St. Peters**
 8 a.m. to 4:30 p.m., M-F
 107 Piper Hill | Suite 100
 St. Peters, MO 63376
 636-317-4800 | Fax: 636-317-4805

Mercy Urgent Care (Walk-Ins Only)

- 6. Troy**
 8 a.m. to 8 p.m., Open Daily
 1000 E. Cherry St. | Troy, MO 63379
 636-528-3495 | Fax: 636-528-3419

