



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.**

<b>Work-related Injury/Illness</b>	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>
<b>DOT</b> <i>(check box)</i>	<input type="checkbox"/> <b>Drug Screen</b> <input type="checkbox"/> <b>Alcohol Screen</b> <input type="checkbox"/> <b>Clearinghouse Query</b> <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
<b>NON-DOT</b> <i>(check box)</i>	<input type="checkbox"/> <b>Drug Screen</b> <input type="checkbox"/> <b>Alcohol Screen</b> <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
<b>Physical Exam</b> <i>(check box)</i>	<input type="checkbox"/> <b>DOT</b> <input type="checkbox"/> <b>NON-DOT</b> <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: _____
<b>Immunization</b> <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
<b>Other Services</b> <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.**

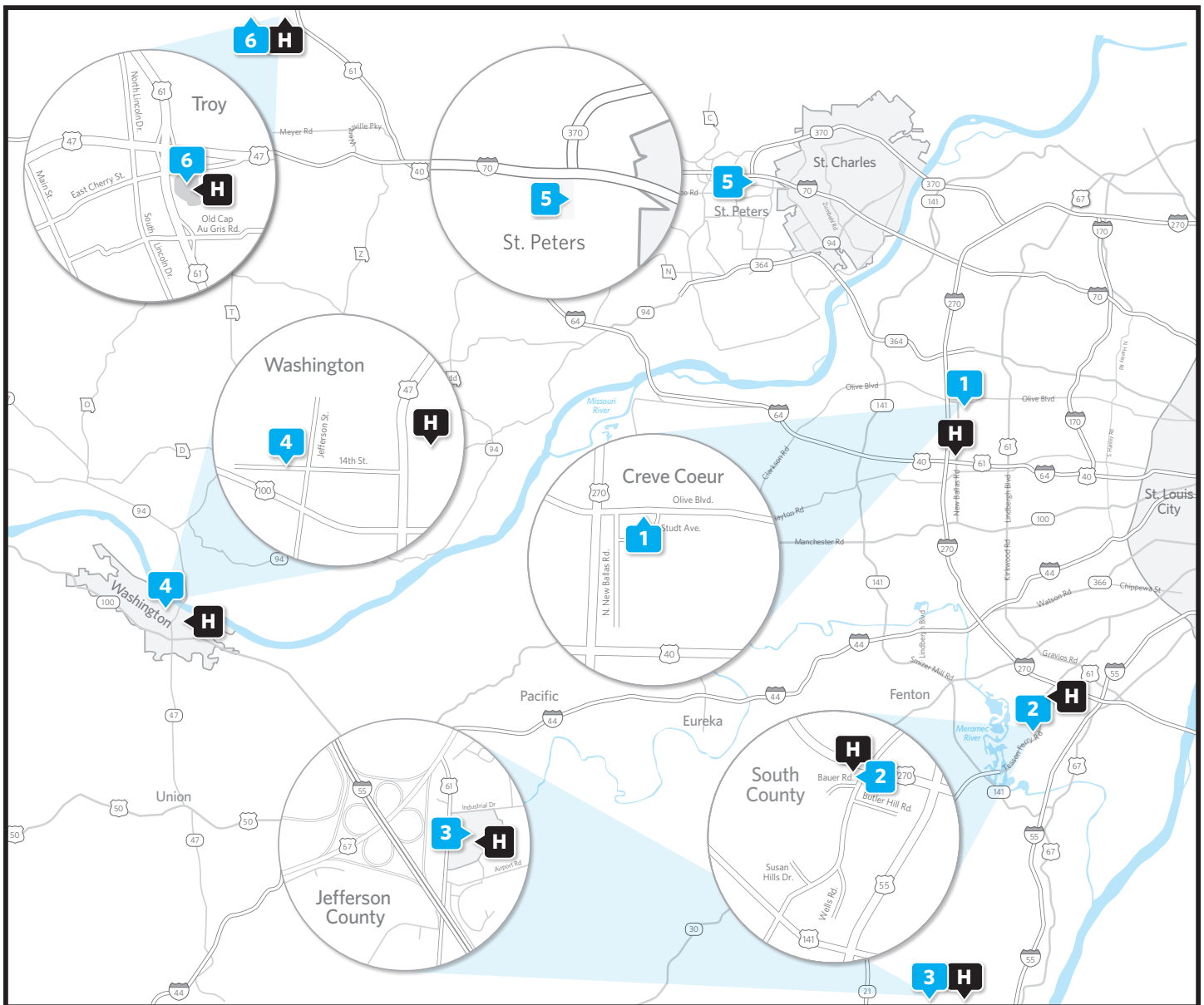
*If your condition worsens, call the Treating Center. If your injury/illness requires emergency treatment, contact your employer for instruction and authorization to treat at an emergency room. All return visits should be scheduled at your Mercy treating locations.*

**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 1200  
 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

