


<b>EMPLOYER INFORMATION</b>		<b>BILLING INFORMATION</b>	
 <p>1425 W. Grand River Ave. Howell, MI 48843 517.546.5550 LivingstonESA.org</p>		<input type="checkbox"/> Bill LESA <input type="checkbox"/> Employee to pay at time of service <input type="checkbox"/> Bill Workers Compensation Carrier	
<b>Person Authorizing Treatment:</b>		<b>Date of Authorization:</b>	
<b>EMPLOYEE INFORMATION</b>			
<b>Workers Name:</b>		<b>Work Location:</b>	
<b>PROCEDURES</b>			
<b>Physical Examination</b> <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	<b>Drug Test - Type</b> <input type="checkbox"/> Urine <input type="checkbox"/> Rapid <input type="checkbox"/> Collection Only <input type="checkbox"/> Hair <b>Reason for Drug Test</b> <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	<b>Alcohol Test - Federally Mandated</b> <input type="checkbox"/> Breath Alcohol Test <b>Reason for Alcohol Test</b> <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: _____	
<b>OTHER</b>			
<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	
<b>Other Testing and/or specific instructions:</b>			
<hr/> <hr/>			

**OTHER**

**Treatment/Evaluation:**

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

What is the type/area of injury or illness? \_\_\_\_\_

Drug Screen with initial visit:  Yes  No      Breath Alcohol Test:  Yes  No

**Brief Explanation of How the Injury Occurred:**

\_\_\_\_\_  
\_\_\_\_\_

**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.

