Novant Health Urgent Care & Occupational Medicine
445 S Kings Drive Charlotte NC 28204
11840 Southmore Drive #100 Charlotte NC 28277
M-F 7 AM– 11 PM, Sat 9 AM– 9 PM, Sun 9 PM– 9 PM

Authorization For Examination or Treatment

Patient Name: _____ Patient Date of Birth: _____

Employer Name: **MEDIC**

Employer Address: **4525 Statesville Road Charlotte NC 28269**

Work Related Injury– Please complete billing information

Workers Comp Billing: **City of Charlotte Risk Management** Company phone:

Billing Address: **301 S McDowell Street Suite 1100 Charlotte NC 28204**

Claim Number: _____ Date of Injury (required): _____

☐ **Substance Abuse Testing** (check or circle all that apply)

☐ **Post-Accident** ☐ Non-DOT (CCF located in drug screen file cabinet)

☐ **Breath Alcohol Testing** ☐ DOT ☐ Non-DOT

Fax ASAP:	**Follow-up Appointments**		
Work restrictions, Medical Notes, X-ray results to Amy Broughton & City of Charlotte Risk Management: Amy Broughton F: 704-943-6229 Risk Management: F: 704-632-8410	Medic will schedule follow-up appointments with Concentra		

Authorized by: _____ **Title:**_____

Phone: _____ **Date:**_____

Photo Identification is required at time of service.