



Colonial Healthcare

Specialists in Family Medicine

ATTN: Workers Compensation Authorization Department

Phone: 803-757-4921

Fax: 803-757-4142

Today's Date: ____/____/____

Patient Name: _____ DOB: ____/____/____

Company Name: _____ Date of Injury: ____/____/____

Company Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Nature of Injury: _____

Substance Abuse Testing Required:

Breath Alcohol: ☐ Yes ☐ No

Drug Screen: ☐ Yes ☐ No

If yes, rapid drug screen ☐ or MRO ☐

Workers' Compensation Carrier: _____

Workers' Compensation **Claim#**: _____

Treatment Authorized by: _____

Print Name

Signature

Title