KCH
Lutheran Health Network
Emergency Care Center

MedStat
Lutheran Health Network

KCH AFTER HOURS CARE
ER SERVICE AUTHORIZATION FORM

Employer: _____ Phone: _____

Patient: _____ Date: _____

THIS PATIENT IS AN EMPLOYEE OF OUR COMPANY AND REQUIRES THE FOLLOWING SERVICE(S):

- ☐ Injury Care
- ☐ Breath Alcohol Screen
- ☐ Blood Alcohol Screen
- ☐ Collect Only
- ☐ 10-Panel Drug Screen
- ☐ 10-Panel Drug and Alcohol
- ☐ DOT Drug Screen
- ☐ 5-Panel Non-DOT Drug Screen

Photo ID required for all Drug and Alcohol Testing

Special Instructions: _____

Authorized by: _____