



Orthopaedic Urgent Clinic
No Appointment Necessary
9 am – 9 pm Monday - Friday
9 am – 1 pm Saturday

560 South Loop Road
Edgewood, KY 41017
PH: 859.301.2663
Fax: 859.301.0745

Authorization for Examination or Treatment

(Patient Must Present Photo ID and Health Insurance Card at Time of Service)

Patient Name: _____ Date of Injury: _____

Date of Birth: _____ Social Security Number: _____

Patient Address: _____ Patient Phone: _____

Employer: _____ Employee's Manager: _____

Employer Phone Number _____ Fax Number: _____

Employer Address: _____

Temporary Staffing Agency: _____

Work Comp Carrier: _____ Phone: _____

Work Related: Yes No Job Title: _____

Affected Body Part to be examined: _____ Right Left Bilateral

Is the employer able to accommodate restrictions? Yes No

Additional Comments: _____

Authorized by: _____ Title: _____

(Please Print)

Phone: _____ Date: _____