



Urgent Care of the Palm Beaches

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West Palm Beach, FL 33405
Phone: (561) 429-4779
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Employee Referral Form

Patient Name: _____ DOI: _____ Claim #: _____

Company Name: _____ Insurance Carrier: _____

Adjustor: _____ Phone: _____ Fax: _____

Email: _____

Case Manager: _____ Phone: _____ Fax: _____

Email: _____

Supervisor: _____ Phone: _____

Services Requested

- | | |
|--|---|
| <input type="checkbox"/> Worker Compensation
Injury Evaluation/ Treatment | <input type="checkbox"/> Pulmonary Function Testing (PFT) |
| <input type="checkbox"/> DOT Physical | <input type="checkbox"/> Breath Alcohol Concentration |
| <input type="checkbox"/> Pre – op Clearance | <input type="checkbox"/> Drug Screen |
| <input type="checkbox"/> Pre-Employment Physical | <input type="checkbox"/> Other _____ |

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