



Care Station
328 West St. Georges Ave.
Linden, New Jersey 07036
(908) 925-2273
Fax: (908) 925-2235

Care Station II
90 Route 22 West
Springfield, NJ 07081
(973) 467-2273
Fax: (973) 467-5385

Care Station III
456 Prospect Ave.
West Orange, NJ 07052
(973) 731-6767
Fax: (973) 731-9881

Care Station IV
210 Meadowlands Parkway
Secaucus, NJ 07094
(201) 348-3636
Fax: (201)-583-0713

Authorization For Work Related Services

Date _____

NAME AND _____
ADDRESS OF _____
EMPLOYER: _____

EMPLOYER: _____
PHONE #: _____

AUTHORIZED BY:
PRINT NAME: _____

SIGNED NAME: _____

NAME OF _____
PATIENT: _____

NATURE OF _____
COMPLAINT/VISIT: _____

Per New Jersey Law, if an employer authorizes a visit to a medical provider and it is determined that the injury/illness is not work-related, the employer is responsible for payment of that visit.

CHECK ONE: DOT _____ NON-DOT _____

PHYSICAL
EXAMINATION

DRUG SCREEN

BREATH ALCOHOL TEST

PRE-EMPLOY

RANDOM

POST ACCIDENT

REASONABLE CAUSE