



REFERRAL AUTHORIZATION FORM

Bring this form and a photo ID to your appointment.

To schedule an appointment, please email your requested date & time to mohscheduling@mohonline.com, or call (651) 968-5300.

Today's Date: _____

Clinic Location & Hours: Monday - Friday, 7:00 am - 4:00 pm | **Woodbury Hours:** M, T, Th, Fri, 7:30 am - 4:00 pm

Select Clinic: Coon Rapids | 600 Coon Rapids Boulevard NW, Coon Rapids, MN 55433

Eagan | 1400 Corporate Center Curve, 2nd Floor, Eagan, MN 55121

Shakopee | 4360 12th Avenue E, Shakopee, MN 55379

St. Paul | 1661 St Anthony Avenue, 2nd Floor, St Paul, MN 55104

Woodbury (Summit Orthopedics) | 4123 Radio Drive, Woodbury, MN 55129

Employee name: _____ Job title: _____ Date of birth: _____

Appointment date: _____ Appointment time: _____

Employer: _____ Address: _____

As a representative of the employer indicated above, I authorize Minnesota Occupational Health (MOH) or Summit Orthopedic Urgent Care (after hours) to examine and treat as necessary, the individual bearing this form, and accept financial responsibility for this service.

Contact name: _____

Reason for visit (select all that apply):

Work Comp Initial Injury Care Date of Injury: _____ Claim Number if available: _____

Audiogram (Baseline/ Annual) Respirator Fit Test (Shaved) Respirator Clearance

Pre-Placement Exam DOT Exam (Initial/ Recert) Silica Medical Surveillance

NON Federal Drug Test Pre-hire Random Post-Accident Reasonable Suspicion Follow-up

DOT Federal Drug Test Pre-hire Random Post-Accident Reasonable Suspicion Follow-up

Breath Alcohol Test DOT Non DOT Flu Vaccine Hepatitis B Vaccine



QR CODES

Our QR codes will direct your Google Maps right to our clinics! Just simply point your smartphone camera to the location you would like to go to.

COON RAPIDS



EAGAN



SHAKOPEE



ST. PAUL



**WOODBURY
SUMMIT ORTHOPEDICS**

