

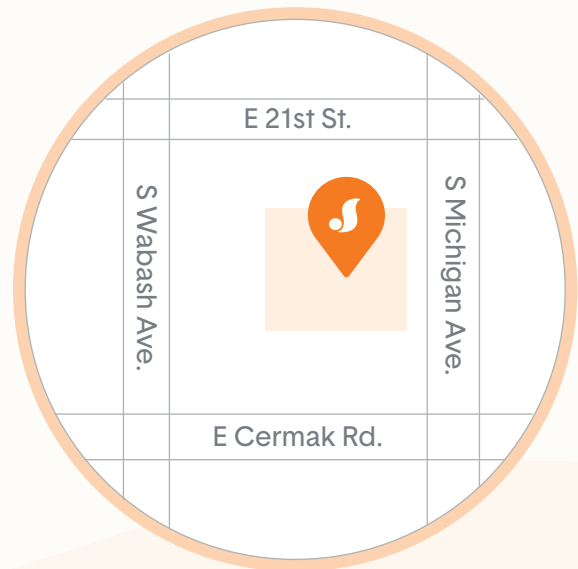
Start Your Visit

Beginning your visit is easy.

1. Visit **JoviveHealth.com** and select **Start Visit** to reserve a time, or you can simply drop by our clinic.
2. Complete an online registration and let us know you're here on your employer's instruction.
3. Bring this completed authorization form with you to your appointment.

Physicals—Call our clinic to make an appointment before coming in.

Drug screenings—Bring your photo ID and arrive well hydrated in order to give a urine sample.



Make Jovive Urgent Care the first stop for your healthcare needs.

High-quality care for patients of all ages

- + Rapid COVID-19 testing
- + Minor fractures, strains, or sprains
- + Minor injuries and illnesses
- + Annual exams and more

Visit us online to view a complete list of care services offered.
Most insurance accepted. Not currently accepting Medicaid.

Convenient hours and location

Mon-Fri
8:00 A.M.–8:00 P.M. 2112 S. Michigan Ave.
Chicago, IL 60616

Sat-Sun and Holidays **P: 312.858.5112**
8:00 A.M.–4:00 P.M. **F: 312.858.6732**

After hours

Visit the nearest emergency department.

[JoviveHealth.com](https://www.jovivehealth.com)



AUTHORIZATION FOR MEDICAL SERVICES

Today's Date: _	Employee Name: _____
Company Name: _____	Company Phone: _____
Company Address: _____	Authorized By: _____
Office Use only (telephone authorization received by): _____	

Insurance Information: (Workers Compensation Only)

Insurance Carrier: _____	Policy number: _____
Date of Injury: _____	Protocol on file: Yes _____ No _____

***If Drug Screen and/or BAT are needed with treatments, please write it under "SPECIAL INSTRUCTIONS" below.**

Tests:

<input type="checkbox"/> Covid-19 Rapid Test	<input type="checkbox"/> Covid-19 PCR test	<input type="checkbox"/> Covid-19 Rapid Antibody Test
<input type="checkbox"/> Covid-19 Serology Antibody Test	<input type="checkbox"/> TB Skin Test	<input type="checkbox"/> TB QuantiFERON Test

Physicals: (Occupational Medicine)

*Check the box for the services needing to be rendered. Protocol on file: Yes _____ No _____

<input type="checkbox"/> Work Related Physical	<input type="checkbox"/> DOT/DMV Physical	<input type="checkbox"/> Other: 1. _____
		2. _____
		3. _____

Drug Screening: (Occupational Medicine & Workers Compensation)

Reason for Drug Screen: Pre-Placement DOT/DMV Random Return to Duty Post-Accident

Follow-Up Reasonable Suspicion

Type of Test: Breath Alcohol Test (BAT) NIDA____ Non-NIDA _____

Non-NIDA, Standard 5 panel Non-NIDA, Special Panel (Please specify) _____

NIDA-5 PANEL SPLIT eCup, Panel _____ xCup, Panel _____

Processing Instructions for Staff: _____ **Collect sample and send to:** _____

Special Instructions:

Patient instructions:
 Photo ID required to complete drug screenings. Please be well hydrated in order to give urine sample.
 Patients under 18 require parent or legal guardian consent.
 After hours, visit the nearest emergency department.

**2112 South Michigan Ave.,
 Chicago, IL 60616
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