

Start Your Visit

Beginning your visit is easy.

1. Visit **JoviveHealth.com** and select **Start Visit** to reserve a time, or 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. 601 E Roosevelt Rd.
Lombard, IL 60148

Sat–Sun and Holidays **P: 630.206.5574**
8:00 a.m.–4:00 p.m. **F: 630.214.9578**

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

If Drug Screen and/or BAT are needed with treatments, please write it under "Special Instructions" at the bottom of this page.

Insurance Carrier: _____ Policy Number: _____

Date of Injury: _____ Protocol on File: Yes _____ No _____

TESTS

Check the box for the tests needed:

- COVID-19 Rapid Test COVID-19 PCR Test COVID-19 Rapid Antibody Test
 COVID-19 Serology Antibody Test TB Skin Test TB QuantiFERON Test

PHYSICALS: OCCUPATIONAL MEDICINE

Check the box for the services needing to be rendered: Protocol on File: Yes _____ No _____

- Work-Related Physical DOT/DMV Physical Other: _____

DRUG SCREENING: OCCUPATIONAL MEDICINE AND WORKERS' COMPENSATION

Reason for Drug Screen:


- Preplacement Random Post-Accident Reasonable Suspicion
 DOT/DMV Return to Duty Follow-Up

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