 

**Durham Public Schools**

**Authorization to Treat at EmergeOrtho Urgent Care**

**(Orthopedic Injuries Only)**

**SCHOOL/SITE:** Please complete this form and provide original to the injured worker to take to **EmergOrtho Urgent Care**.

**EmergeOrtho Staff:** Please use this form as authorization to treat the injured worker.

Injured Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body Part(s) Injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School/Site Authorized Representative Date

*Authorization is given for initial visit and diagnostic treatment deemed necessary regarding the injury and body parts listed above only. Any follow-up visits will need to be authorized by the workers’ compensation adjuster assigned to the claim. Provider will need to give the injured worker a work status note after each visit in addition to sending notes electronically to Durham Public Schools.*

\*For questions regarding above services please contact:

Miranda McDonald 919-560-3701

\*When patient presents please email Workerscomp@emergeortho.com with information.