

**Durham Public Schools**

**Authorization to Treat at FastMed Urgent Care**

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

**FastMed Staff:** Please use this form as authorization to treat the injured worker. Log them in under the **DURHAM PUBLIC SCHOOLS** account.

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

\*For any FastMed related questions please contact:

WESLEY GAPPENS x 1068 (704-621-6102)