

**MEDICAL TREATMENT AUTHORIZATION**  
**\*A VALID PHOTO ID IS REQUIRED FOR ALL SERVICES\***

EMPLOYEE NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_ RESULTS: Fax E-Mail: \_\_\_\_\_

COMPANY REP AUTHORIZING TREATMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ VERBAL AUTH TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

Above employee is schedule on \_\_\_\_\_ (date/time)

<p><b><u>Purpose for Testing:</u></b>          Pre-employment          Random          Post-accident/Injury          Reasonable Cause          Follow-up          Return to Duty          Other: _____</p> <p><b><u>Urine Drug Screens:</u></b>          DOT          DOT Collection Only            *Specify Testing Agency            FMCSA      FTA            PHMSA     FRA            FAA        USCG</p> <p>NON-DOT          5 panel          10 panel          Other: _____</p> <p>NON-DOT Collection Only</p> <p>Instant          5 Panel          10 Panel          Other: _____</p> <p><b><u>Breath Alcohol Testing</u></b>          NON-DOT          DOT</p>	<p><b><u>Hair Drug Screens</u></b>          5panel          5panel Expanded          Collect Only          Other _____</p> <p><b><u>Physical Exams</u></b>          DOT          NON-DOT          Return to Work          Fit for Duty</p> <p><b><u>Surveillance Testing</u></b>          Audiogram          Lift Test: # _____          Mini Functional: # _____          PFT/Spirometry          Respirator Questionnaire          Respirator Fit Test            Type of Mask _____          Chest X-Ray</p> <p><b><u>Injections/Vaccination:</u></b>          PPD/TB Test          TDAP          Tetanus          Hep B          Hep A</p>	<p><b><u>Titers/Labs:</u></b>          MMR          Varicella          Hep B          Hep C          Quantiferon          Other _____</p> <p><b><u>Worker's Comp/Injury Treatment</u></b>            New Injury</p> <p>Date of Injury: _____</p> <p>Workers Comp Insurance:          _____</p> <p>Claim#:          _____</p> <p><b><u>Additional Service Requested:</u></b>          _____          _____</p>
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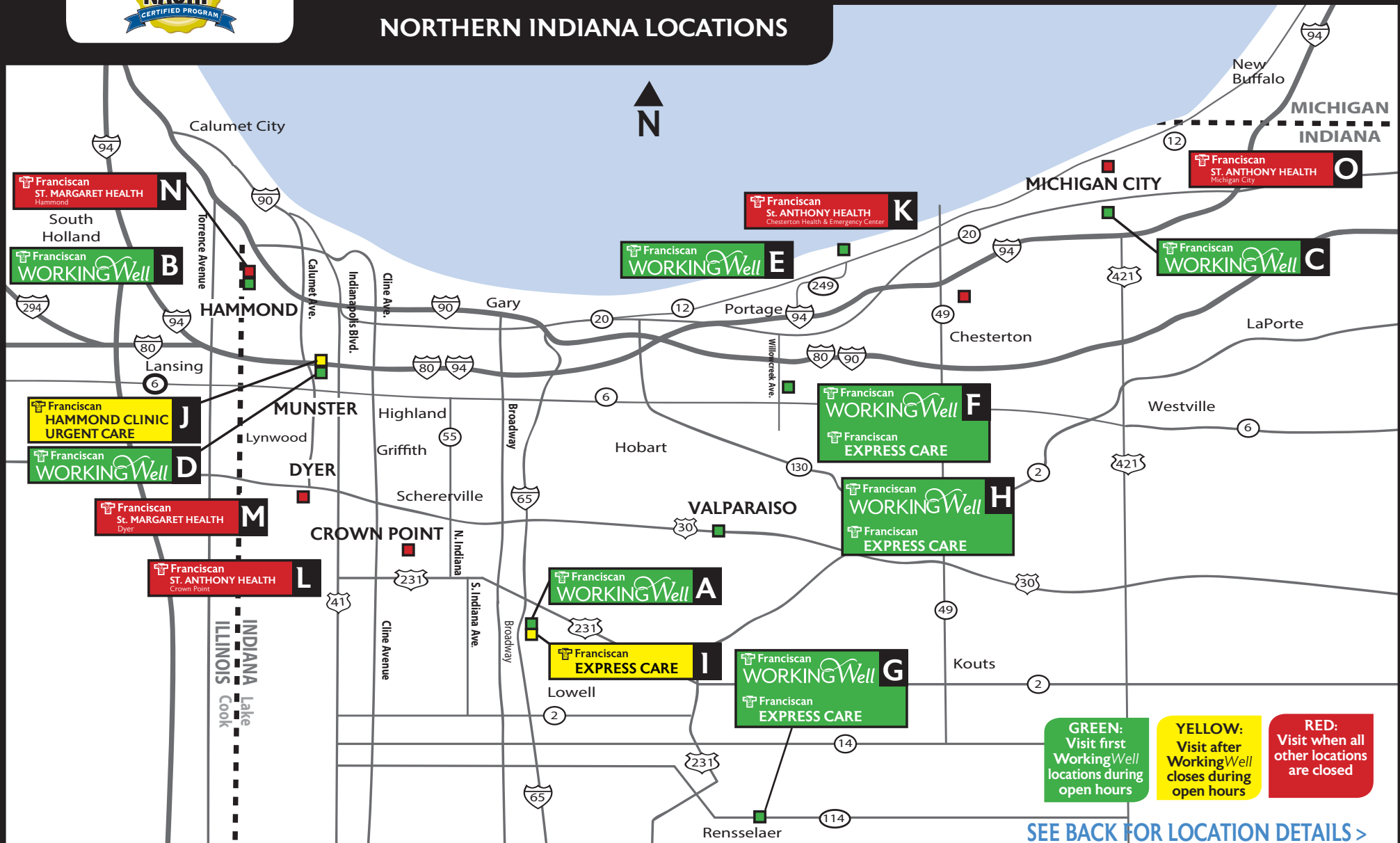
**LOCATIONS:**

Chicago Heights: 708-709-2000/(F) 708-709-2046  
 Hammond: 219-852-2472/(F) 219-852-2567  
 Rensselaer: 219-866-0411/(F) 219-866-1920  
 Port of Indiana: 219-787-8662/(F) 219-787-8420  
 Michigan City: 219-879-5400/(F) 219-879-5900

Munster: 219-836-4690/(F) 219-836-3609  
 Crown Point: 219-662-5500/(F) 219-662-9684  
 Valparaiso: 219-464-7073/(F) 219-464-7543  
 Willowcreek/Portage: 219-764-8439/(F)219-764-8463



**NORTHERN INDIANA LOCATIONS**



**GREEN:** Visit first WorkingWell locations during open hours  
**YELLOW:** Visit after WorkingWell closes during open hours  
**RED:** Visit when all other locations are closed

[SEE BACK FOR LOCATION DETAILS >](#)

# Franciscan WORKING Well

Toll Free: (866) 552-9355

WorkingWell.org

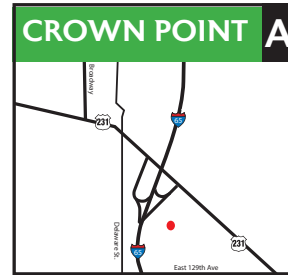
NORTHERN INDIANA LOCATIONS

Please use the color guide on the right to help determine which facility best meets your needs

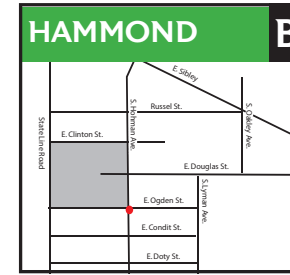
**GREEN:**  
Visit first  
WorkingWell  
locations during  
open hours

**YELLOW:**  
Visit after  
WorkingWell  
closes during  
open hours

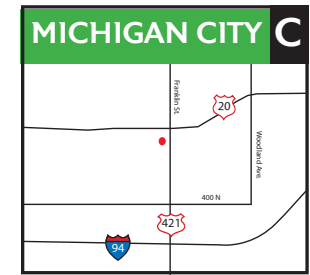
**RED:**  
Visit when all  
other locations  
are closed



**WorkingWell**  
12800 Mississippi Pkwy. Pavilion A,  
Suite A 204, Crown Point, IN 46307  
Phone: 219-662-5500  
Fax: 219-662-9684  
Hours of Operation:  
Mon. - Fri. 7 a.m. - 5 p.m.



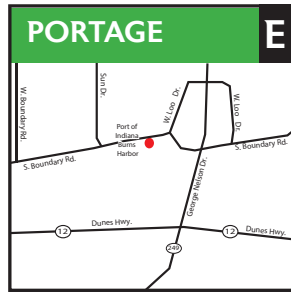
**WorkingWell**  
5500 Hohman Ave.,  
Suite ID  
Hammond, IN 46320  
Phone: 219-852-2472  
Fax: 219-852-2567  
Hours of Operation:  
Mon. - Fri. 7 a.m. - 5 p.m.



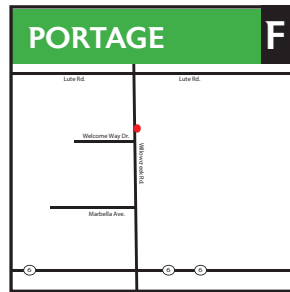
**WorkingWell**  
4111 S. Franklin St.  
Michigan City, IN 46360  
Phone: 219-879-5400  
Fax: 219-879-5900  
Hours of Operation:  
Mon. - Fri. 8 a.m. - 6 p.m.



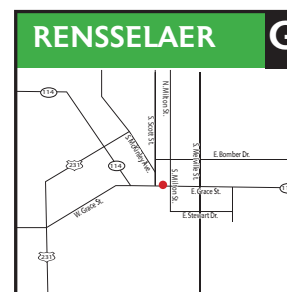
**WorkingWell**  
(At Franciscan Hammond Clinic)  
7905 Calumet Ave.  
Munster, IN 46321  
Phone: 219-836-4690  
Fax: 219-836-3609  
Hours of Operation:  
Mon. - Fri. 8 a.m. - 6 p.m.



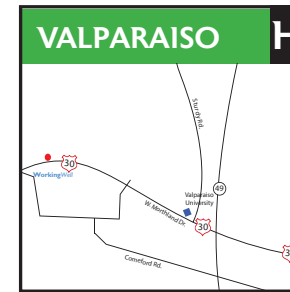
**WorkingWell**  
Port of Indiana Administration Building  
6615 S. Boundary Rd.  
Portage, IN 46368  
Phone: 219-787-8662  
Fax: 219-787-8420  
Hours of Operation:  
Mon. - Fri. 7 a.m. - 3:30 p.m.



**WorkingWell**  
**Franciscan ExpressCare**  
3325 Willowcreek Rd.  
Portage, IN 46368  
Phone: 219-764-8439  
Fax: 219-764-8463  
Hours of Operation:  
Mon. - Sat. 8 a.m. - 6 p.m.



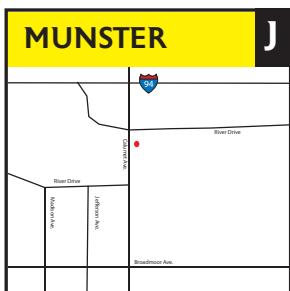
**WorkingWell**  
**Franciscan ExpressCare**  
919 E. Grace St.  
Rensselaer, IN 47978  
Phone: 219-866-0411  
Fax: 219-866-1920  
Hours of Operation:  
Mon. - Sat. 8 a.m. - 6 p.m.



**WorkingWell**  
**Franciscan ExpressCare**  
2590 W. Morthland Dr., Suite 1  
(US Route 30) Valparaiso, IN 46385  
Phone: 219-464-7073  
Fax: 219-464-7543  
Hours of Operation:  
Mon. - Thurs. 8 a.m. - 8 p.m.  
Fri and Sat. 8 a.m. - 6 p.m.



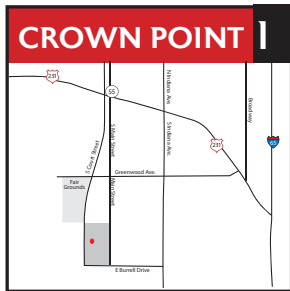
**Franciscan ExpressCare**  
12800 Mississippi Pkwy.  
Crown Point, IN 46307  
(Franciscan Point)  
Phone: 219-662-5700  
Hours of Operation:  
Mon - Fri 9 a.m. - 7 p.m.  
Sat 9 a.m. - 5 p.m. | Sun 10 a.m. - 4 p.m.



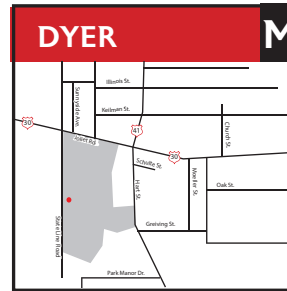
**Franciscan Hammond  
Clinic Urgent Care**  
7905 Calumet Ave.  
Munster, IN 46321  
Phone: 219-836-5800  
Hours of Operation:  
Mon. - Fri. 8 a.m. - 8 p.m.,  
Sat. 8 a.m. - 6 p.m. and  
Sun. 10 a.m. - 6 p.m.



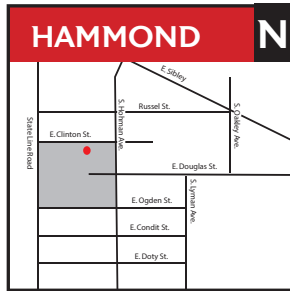
**Chesterton Health  
& Emergency Center**  
770 Indian Boundary Road  
Chesterton, Indiana 46304  
Phone: 219-921-2000  
Hours of Operation:  
24 Hours



**Franciscan St.  
Anthony Health**  
Emergency Room  
1201 South Main  
Crown Point, IN 46307  
Phone: 219-757-6310  
Hours of Operation:  
24 Hours



**Franciscan St.  
Margaret Health**  
Emergency Room  
24 Joliet Street  
Dyer, IN 46311  
Phone: 219-865-2141  
Hours of Operation:  
24 Hours



**Franciscan St.  
Margaret Health**  
Emergency Room  
5454 Hohman Ave.  
Hammond, IN 46320  
Phone: 219-932-2300  
Hours of Operation:  
24 Hours



**Franciscan St.  
Anthony Health**  
Emergency Room  
301 W. Homer St.  
Michigan City, IN 46360  
Phone: 219-879-8511  
Hours of Operation:  
24 Hours