



**AUTHORIZATION TO INVOICE MSU**  
**MICHIGAN STATE UNIVERSITY**  
**HUMAN RESOURCES**  
**WORKERS' COMPENSATION**  
**1407 S. HARRISON STE 110**  
**EAST LANSING, MI 48823**  
**PHONE:517-353-4434 FAX: 517-432-4102**

FACILITIES: LANSING URGENT CARE*		EMERGENCY FACILITY*
<b>Frandor</b> 505 North Clippert Street Lansing, MI 48912  <b>Dewitt</b> 12970 US Hwy 27 DeWitt, MI 48820  <b>Okemos</b> 2289 Grand River Okemos, MI 48864	<b>Southside</b> 320 E. Jolly Road Lansing, MI 48910  <b>Westside</b> 4440 West Saginaw Lansing, MI 48917  <b>Bath</b> 16945 Marsh Rd Haslett, MI 48840	<b>SPARROW HOSPITAL ER</b> 1215 E Michigan Avenue Lansing MI 48909 517-364-4141  1. Use this facility for any potentially life-threatening emergency.  2. All follow-up visits must be at a Lansing Urgent Care facility.
<b>Frandor Location – Open 24 hours a day / 7 days a week</b>  <b>All other locations: Mon-Sat 9am-9pm; Sun 9am-6pm</b>		

- COMMERCIAL DRIVERS NEEDING POST ACCIDENT BREATH ALCOHOL TESTING AND URINE DRUG SCREENS EVENINGS AND WEEKENDS CAN GO TO ANY LANSING URGENT CARE FACILITY

1. \_\_\_\_\_ IS AUTHORIZED TO RECEIVE MEDICAL TESTS AND TREATMENT WITH PAYMENT OF SERVICES TO BE PROVIDED BY MICHIGAN STATE UNIVERSITY IF THE SERVICES ARE FOR A WORK RELATED INJURY.

2.

\_\_\_\_\_  
(Authorized Signature)                      (Supervisor email)                      (Date)                      (Work Phone)

\_\_\_\_\_  
(Printed Supervisor Name)                      (Department)                      (Department Address)                      (Fax Number)

3. DATE OF INJURY \_\_\_\_\_

4. DESCRIBE INJURY \_\_\_\_\_

5. CURRENT SHIFT/HOURS \_\_\_\_\_

6. IS THIS EMPLOYEE **DOT CERTIFIED**? Yes  No

7. IS THIS VISIT THE RESULT OF A NEEDLESTICK INJURY OR BODY FLUID EXPOSURE? Yes  No

8. EMPLOYEE'S JOB TITLE OR CLASSIFICATION \_\_\_\_\_

<b>Job involves:</b>	Yes	No	Percentage of Time
Lifting (in lbs)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Standing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operating Machinery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working from Heights	<input type="checkbox"/>	<input type="checkbox"/>	_____

9. PRESCRIPTION TO BE FILLED AT MSU CLINICAL CENTER OR OLIN HEALTH CENTER

10. FAX AFTER HOURS OR OVERNIGHT REPORTS TO LANSING URGENT CARE AT 517-492-2090

11. **THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY MSU IN WRITING. ALL PATIENTS ARE REQUIRED TO SHOW A PICTURE I.D. AT THE TIME OF REGISTRATION TO VERIFY IDENTITY.**

\* If transportation is needed, please call Capitol Transport at 517-485-4400.