

**Mary Rutan Health Center**  
1134 N. Main Street  
Suite 1300  
Bellefontaine, OH 43311  
P: 937 592 5015 | F: 937 592 0207

**Clinic Hours**  
Monday – Friday 7:00am – 5:00pm

**Walk-In Services**  
Drug Screens: Monday – Friday 7:00am – 4:30pm  
Walk-In Injuries: Monday – Friday 7:45am – 4:30pm

**Authorization for Treatment / Testing**

Employer Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Employee Name \_\_\_\_\_

Authorized By \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

**Requested Service(s)**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Screening <i>(must bring photo ID)</i></li> <li><input type="checkbox"/> Breath Alcohol Testing <i>(must bring photo ID)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> DOT</li> <li><input type="checkbox"/> Non-DOT           <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-Employment</li> <li><input type="checkbox"/> Post-Accident</li> <li><input type="checkbox"/> Random</li> <li><input type="checkbox"/> Reasonable Suspicion</li> <li><input type="checkbox"/> Follow Up</li> <li><input type="checkbox"/> Return to Duty</li> </ul> </li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment for Work Related Injury</li> <li><input type="checkbox"/> Pre-Employment Physical</li> <li><input type="checkbox"/> DOT Physical Examination <i>(must bring photo ID)</i></li> <li><input type="checkbox"/> Immunization / TB Skin Testing</li> <li><input type="checkbox"/> Fit for Duty / Functional Capacity</li> <li><input type="checkbox"/> Other Services _____</li> <li>_____</li> <li>_____</li> </ul> |
|--|---|

**Directions**

**We are conveniently located at U.S. Highways 68 N. and 33. Our office is located on the ground floor. Please enter using the south side doors located near the flagpole.**

