



4400 Teasley Ln.  
Suite 200  
Denton, TX 76210  
(940) 382-9898 Phone  
(940) 383-3815 Fax

Authorization for Treatment – Responsibility for Payment

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

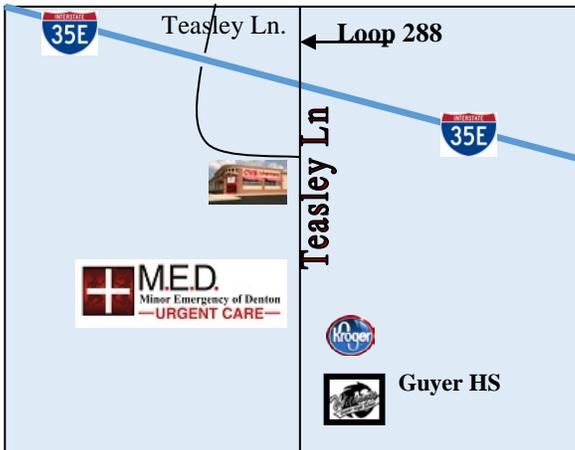
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Non DOT Drug Screen | <input type="checkbox"/> Non DOT Physical | <input type="checkbox"/> Escreen            |
| <input type="checkbox"/> DOT Drug Screen     | <input type="checkbox"/> DOT Physical     | <input type="checkbox"/> DS Collection Only |
| <input type="checkbox"/> Breath Alcohol Test | <input type="checkbox"/> Hearing Test     | <input type="checkbox"/> Hair Collection    |
| <input type="checkbox"/> TB Test             | <input type="checkbox"/> Hep B Shot       | <input type="checkbox"/> Instant DS (Rapid) |

Employee's Name: \_\_\_\_\_

I hereby authorize treatment and accept responsibility for payment of services rendered by Minor Emergency of Denton, Inc. for the above listed employee.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
DATE



**HOURS OF OPERATION**  
Monday, Thursday, Friday – 8am to 10pm  
Tuesday and Wednesday – 8am to 8pm  
Saturday – 10am to 5pm  
Sunday – 12pm to 5m