



Authorization Form

Company Name _____ Date _____

Employee Name _____ SSN _____ - _____ - _____

TO BE SEEN AT:

Illinois Work Injury Resource Center

- 736 S.W. Washington St Suite 2A, Peoria, IL 61602
Phone: (309) 497-0300 Fax: (309) 497-0922 Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.
- 7725 N. Knoxville Ave, Peoria, IL 61614
Phone: (309) 272-1480 Fax: (309) 272-1484 Hours: Monday - Friday, 9:00 a.m. - 5:30 p.m.

PLACES TO BE SEEN AFTER IWIRC HOURS:

Methodist Emergency Department

- 221 N. E. Glen Oak Ave, Peoria, IL 61636
Phone: (309) 672-5500 Fax: (309) 671-2107 Open 24 hours a day 7 days a week

Methodist Med Pointe @ Peoria

- 8914 N. Knoxville Ave, Peoria IL 61614
Phone: (309) 691-9110 Fax: (309) 692- 9136

Methodist Med Pointe @ Morton

- 1909 Morton Ave, Morton IL 16550
Phone: (309) 263-9124 Fax: (309) 266- 8696

Med Pointe Hours: Monday through Saturday, 5:00 p.m. – 7:00 p.m. & Sundays 9:00 a.m. – 3:00 p.m.

Requested Service:

- Work Injury Treatment
- Physical Examination (**circle one**)
Pre-Employment – Return to Work – DOT – Medical Surveillance - Respiratory – Hazardous Material
- Immunization
- Other _____
- Drug Testing (**circle all that apply**)
DOT – Non – DOT - Collection Only – Collection with Results
- Breath Alcohol test
- Purpose (**circle one**)
Pre-Employment – Post Accident – Reasonable Suspicion – Random – Return to Duty – Retest

Name of Authorizing Person (Print)

Telephone

PHOTO ID REQUIRED

Please call 309-497-0300 for an appointment