

Supervisor's Medical Treatment Authorization | Medical Provider's Report | RX & PT Notice
 HR Benefits/University Leave Administration WorkersComp@ncsu.edu 919.515.2151 (phone) 888.317.2890 (fax)
 Environmental Health & Safety AccidentReport@ncsu.edu 919.515.7915 (phone) 919.515.6307 (fax)

Supervisor: Please complete Section A and give to the injured employee to take with them to the authorized treating medical provider. This form authorizes their initial care. This form is completed by the medical provider, and is to be delivered to HR Benefits/University Claim Service and Environmental Health & Safety within 24 hours from the notice of the alleged injury/disease.

Section A: Patient Information

Name of Employee: Last:	First:
Date of Injury:	Employee ID No.:
Supervisor name:	Supervisor Phone No.:
Supervisor Signature:	Date:

Authorized Treatment Facilities: **Supervisor**, for injuries in Wake County, please direct your employee to one of these facilities:

- RX Urgent Care, 3100 Blue Ridge Rd., Raleigh, NC 919-719-2250
- Next Care Urgent Care, 1110 Kildare Farm Road, Cary, NC 919-481-0277
- Post Doc/Student Workers only – STUDENT HEALTH CENTER, 2815 Cates Ave. 919-515-2563

Prescriptions: In Wake Co.
 fax ALL prescriptions to
STUDENT HEALTH CENTER
 pharmacy 888-972-4151

FOR INJURIES OUTSIDE OF WAKE COUNTY, DIRECT EMPLOYEE TO THE NEAREST URGENT CARE CENTER – See P2 of this form for pharmacy information.

Information: Hospital Emergency Rooms should only be used for extreme injuries and for after-hours treatment that cannot wait.

TREATING MEDICAL PROVIDER: PLEASE COMPLETE SECTIONS B THROUGH E

Section B: Diagnosis, Treatment, and Medication Information

Diagnosis:	
Treatment Given:	List all medication(s) / prescription(s) / sample(s) given (include dose):

Section C: Work Status Information

- Patient may return to work without restriction on ___ / ___ / ___ (date) Skip to Section E
- Patient may return to work with restriction(s) shown in the next Section (D) on ___ / ___ / ___ (date)
- Patient may not return to work as of ___ / ___ / ___ (date) until a follow-up appointment, shown in Section E.

Section D: Work Restrictions Information

Posture Restrictions (if any) <input type="checkbox"/> NO restrictions (a/t=as tolerated) <table border="0"> <tr> <td>Max hrs allowed per day a/t</td> <td>Max hrs allowed per day a/t</td> </tr> <tr> <td>Standing _____ <input type="checkbox"/></td> <td>Squatting/Kneeling _____ <input type="checkbox"/></td> </tr> <tr> <td>Sitting _____ <input type="checkbox"/></td> <td>Stooping/Bending _____ <input type="checkbox"/></td> </tr> <tr> <td>Twisting _____ <input type="checkbox"/></td> <td></td> </tr> </table> Other: _____	Max hrs allowed per day a/t	Max hrs allowed per day a/t	Standing _____ <input type="checkbox"/>	Squatting/Kneeling _____ <input type="checkbox"/>	Sitting _____ <input type="checkbox"/>	Stooping/Bending _____ <input type="checkbox"/>	Twisting _____ <input type="checkbox"/>		Movement Restrictions (if any) <input type="checkbox"/> NO restrictions (a/t=as tolerated) <table border="0"> <tr> <td>Max hrs allowed per day a/t</td> <td>Max hrs allowed per day a/t</td> </tr> <tr> <td>Walking _____ <input type="checkbox"/></td> <td>Grasping/Squeezing _____ <input type="checkbox"/></td> </tr> <tr> <td>Climbing _____ <input type="checkbox"/></td> <td>Wrist Flex/Extension _____ <input type="checkbox"/></td> </tr> <tr> <td>Reaching _____ <input type="checkbox"/></td> <td>Overhead Reaching _____ <input type="checkbox"/></td> </tr> </table> Other: _____	Max hrs allowed per day a/t	Max hrs allowed per day a/t	Walking _____ <input type="checkbox"/>	Grasping/Squeezing _____ <input type="checkbox"/>	Climbing _____ <input type="checkbox"/>	Wrist Flex/Extension _____ <input type="checkbox"/>	Reaching _____ <input type="checkbox"/>	Overhead Reaching _____ <input type="checkbox"/>
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Reaching _____ <input type="checkbox"/>	Overhead Reaching _____ <input type="checkbox"/>																
Above Restrictions apply to: <input type="checkbox"/> L Hand <input type="checkbox"/> L Wrist <input type="checkbox"/> L Arm <input type="checkbox"/> L Shoulder <input type="checkbox"/> R Hand <input type="checkbox"/> R Wrist <input type="checkbox"/> R Arm <input type="checkbox"/> R Shoulder <input type="checkbox"/> Neck <input type="checkbox"/> Back(upper) <input type="checkbox"/> Back(lower) <input type="checkbox"/> L Foot <input type="checkbox"/> L Ankle <input type="checkbox"/> L Knee <input type="checkbox"/> L Leg <input type="checkbox"/> R Foot <input type="checkbox"/> R Ankle <input type="checkbox"/> R Knee <input type="checkbox"/> R Leg Other: _____																	
Lift or Carry Restrictions (if any) <input type="checkbox"/> NO Restrictions <input type="checkbox"/> May not lift or carry objects more than ___ lbs for more than ___ hrs/day <input type="checkbox"/> No lifting or carrying Other: _____																	
Push or Pull Restrictions (if any) <input type="checkbox"/> NO Restrictions <input type="checkbox"/> May not pull or push objects more than ___ lbs for more than ___ hrs/day <input type="checkbox"/> No pushing or pulling Other: _____																	
Additional Restrictions: _____ _____																	

Section E: Follow up appointments

<input type="checkbox"/> Patient has return appointment on ___ / ___ / ___ (date) at ___ : ___ <input type="checkbox"/> AM <input type="checkbox"/> PM Medical Provider – You must contact University Claim Service at 919-515-2151 for referral authorization

Medical Provider's Signature

Date

Medical Provider's Name (print)

PHARMACIST: Please use the Injured Worker's **SSN and Date of Injury (SSN+MMDDYYYY)** as their 17 digit Identification Number when entering information to process an online claim to CorVel on behalf of NC State University injured employees. Pharmacies can contact the **CorVel Customer Service at 800-563-8438 or CVS/Caremark Pharmacy Help Desk at 877-876-7216**, for assistance with claims processing.

DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION.

CHAIN NAME	CHAIN NAME	CHAIN NAME	CHAIN NAME
Bi-Lo Pharmacy	Horizon Pharmacy	Revco drugs	VIX Pharmacy
Bi-Mart	HyVee Drugtown	Rite-Aid drugs	Walgreen's
Brooks Drugs	J & J Pharmacy	RX Discount Pharmacy	Wal-Mart Pharmacy
Brookshire Brothers	Joel & Jerry's	Sack-n-Save	Wegman Pharmacy
Cub Pharmacy	Kash N Karry	Sav-A-Lot	Winn-Dixie
CVS Drugs	Kerr Drugs	Sams Club Pharmacy	
Drug Emporium	K-mart phcy	Save Mart	
Eckerd's(all others)	Long's Phcy	Stop N Shop	
Franck's Pharmacy	Medicine Shoppe	Super D	
Fred Meyer	Medistat Phcy	Super Valu	
Fred's Pharmacy	Milner-Rushing Drugs	Super X (HSI)	
Giant Pharmacy	Pathmark Pharmacy	Tom Thumb Phcy	
Goodings	Perry Drg Str	Tops Pharmacy	
Hannaford Food &	Phar-Mor	Tri Daly Drugs	

Group Number: RXFFWC323
CCRx BIN: 004336
PCN: ADV Rev. 10/15
NC State University