

**EMPLOYER:** Give both pages of this document to the injured employee to provide to the authorized treating physician.

Employer/Company: Division of Public Health 4400-5 Div/ State of North Carolina - EC

**EMPLOYEE:** The following provider/facility was an available provider selected from CorVel's provider network. It is your responsibility to contact a provider to schedule an appointment and to confirm the location.

**Employee name:**

**Record ID:**

Date of injury:

Treating physician/facility:

**INITIAL TREATMENT PROVIDER/FACILITY:**

Provider/Facility Name

Address

Call to schedule an appointment

**Provider Location**

**Appointment Details**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Disclaimer: The provider/facility listed above is provided for informational purposes only and is not intended to require the employee to seek medical treatment with the provider/facility listed. The rights of the employee in choosing a provider/facility vary state by state and each state law and/or statute supersedes any information implicitly or explicitly stated on this guide.

**PHARMACY:** Process all prescriptions online through CorVel's pharmacy program for this patient and DO NOT charge the patient for the prescription. Call CorVel at (800) 563-8438 (8am – 11pm, M-F) for additional assistance. The Member ID is 9 digit social security number plus 8 digit date of injury.

**PARTICIPATING PHARMACIES\***

- |                        |                               |                             |
|------------------------|-------------------------------|-----------------------------|
| CostCo Pharmacy        | Hy-Vee Inc                    | Smith's Food & Drug Centers |
| CVS                    | Kroger Pharmacy               | Stop & Shop Supermarket Co  |
| Dominick's Finer Foods | Medicine Shoppe International | Target Pharmacy             |
| Fred's Inc             | Meijer Pharmacies             | Walgreens Pharmacy          |
| Giant Eagle Pharmacy   | Publix Pharmacies             | Wal-Mart Pharmacy           |
| Giant Food Stores LLC  | Rite Aid Pharmacy             | Winn-Dixie Pharmacies       |
| H E Butt Drug Stores   | Shoprite Supermarkets Inc     |                             |

\*This is only a partial list of the over 70,000 participating pharmacies in the CorVel Network. Please call (800) 563-8438 for additional locations.



**Temporary Pharmacy Card  
(First Fill Only)**

Bin:	004336
PCN:	ADV
RX Group:	RXFFWC311
Member ID:	SSN + Date of Injury ex: 12345678901012011

**EMPLOYEE:** Take this form with you and have the treating physician complete the Physician section below.

**Employee name:** \_\_\_\_\_

**Record ID:** \_\_\_\_\_

Date of injury: \_\_\_\_\_

Physician/facility: \_\_\_\_\_

**PHYSICIAN: For compliance, please complete this section and email to [RTW@onlinecapturecenter.com](mailto:RTW@onlinecapturecenter.com) or fax to (800) 391-4320.** This document authorizes initial evaluation and treatment only, and payment for these services will be rendered without prejudice.

**DIAGNOSIS:** \_\_\_\_\_

A post-accident drug test (check one):       **has been completed**       **has not been completed**

**RESTRICTIONS:**

In accordance with this patient's physical capability, check all that apply:

- May resume work immediately, no restrictions.
- May resume work immediately, with the following restrictions:
  - Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
  - Light work (lifting less than 20 pounds)       Medium work (lifting less than 50 pounds)
  - Limited hours: \_\_\_\_\_ hours per day       Limited days: \_\_\_\_\_ days per week
  - Other: \_\_\_\_\_
  - Repetitive motion restrictions (specific to hand/arm injuries):

FREQUENCY	No Use	Occasional	Frequent	Constant
LEFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Patient is unable to return to work in any capacity.

**RETURN TO WORK/MMI/NEXT APPOINTMENT:**

Date patient may return to work at full duty: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Projected date of attainment of Maximum Medical Improvement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient has a return appointment on (date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at (time): \_\_\_\_\_ AM / PM

**ANCILLARY SERVICES:**

Please call (866) 866-1101 if patient requires Physical Therapy, Imaging, DME, Transportation or Translation services.

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_