

**Supervisor's Medical Treatment Authorization | Medical Provider's Report | RX & PT Notice**  
**HR Benefits/University Leave Administration**  
**919.515.2151 (phone) 888-317-2890 (fax) [Workerscomp@ncsu.edu](mailto:Workerscomp@ncsu.edu)**

**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. The required workers' compensation paperwork is to be delivered to HR Benefits/University Claim Service within 24 hours from the notice of the alleged injury/disease.

**Section A: Patient Information**

Name of Employee: <b>Last:</b>	<b>First:</b>
Date of Injury: (mm/dd/yyyy)	Employee ID No.: (9 digit)
Supervisor name:	Supervisor Phone No.: (xxx)xxx-xxxx
Supervisor Signature:	Date: (mm/dd/yyyy)

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, 811 Highway 70 West, Garner, NC 919-779-5010
- 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**

<b>Posture Restrictions (if any)</b> <input type="checkbox"/> <b>NO restrictions</b> (a/t=as tolerated)		<b>Movement Restrictions (if any)</b> <input type="checkbox"/> <b>NO restrictions</b> (a/t=as tolerated)	
<b>Max hrs allowed per day</b>	<b>a/t</b>	<b>Max hrs allowed per day</b>	<b>a/t</b>
Standing _____	<input type="checkbox"/>	Squatting/Kneeling _____	<input type="checkbox"/>
Sitting _____	<input type="checkbox"/>	Stooping/Bending _____	<input type="checkbox"/>
Twisting _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
<b>Above Restrictions apply to:</b> <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: _____		<b>Max hrs allowed per day</b> <b>a/t</b> <b>Max hrs allowed per day</b> <b>a/t</b> 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"/> Other: _____	
<b>Lift or Carry Restrictions (if any)</b> <input type="checkbox"/> <b>NO Restrictions</b> <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: _____			
<b>Push or Pull Restrictions (if any)</b> <input type="checkbox"/> <b>NO Restrictions</b> <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: _____			
<b>Additional Restrictions:</b> _____ _____ _____			

**Section E: Follow up appointments**

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

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