NC LEAGUE OF MUNICIPALITIES
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MEDICAL AUTHORIZATION & ATTENDING PHYSICIAN REPORT

EMPLOYER, complete this section

Name of Employee/Patient:	Last:	First:
Date of Injury:	Social Security Number:	
Name of Employer:		
Employer Signature:	Doctor to be Seen:	

Employer: Prior to using this form for an injured employee, briefly identify activity that would meet possible work restrictions. Work with your Claims Representative or Loss Control Specialist.

Sedentary	Light	Medium	Heavy

AUTHORIZED PHYSICIAN, complete this section

______________________________has been treated today for ______________________________

A post accident drug test ☐ has ☐ has not been completed.

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 lbs.)
  - ☐ Light work (lifting less than 20 lbs.)
  - ☐ Medium work (lifting less than 50 lbs.)
  - ☐ Heavy work (lifting less than 100 lbs)
- ☐ He/she is released to work:
  - ☐ ____________________hours per day
  - ☐ His/her normal shift
- ☐ Repetitive Motion Restrictions:

Frequency	Left ______________	Right____________
Occasional <33% of time	______	______
Frequent 34-66% of time	______	______
Constant 67-100% of time	______	______

- ☐ He/she may return to work full duty on (date) ______________________________
- ☐ He/she has a return appointment on (date) ________________at (time)______________

Please indicate any referrals that are required:______________________________

Physician Signature:	Physician Name (print or type:	Date

Contact NCLM Workers' Compensation Department for referrals, authorizations, pre-certifications or billing questions:
NCLM 308 West Jones Street Raleigh NC 27603- (888) 561-1083- (919) 715-8465 fax - claimsadmin@nclm.org

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PHARMACIST:

Please process all Workers' Compensation Claims for this patient through Cypress Care Inc.
The Member Number is the SSN. The Group Number is IC1006. The Cypress Care BIN# is 010876.
If you have any questions or problems please contact Cypress Care at 1-800-419-7191.
DO NOT CHARGE THIS PATIENT FOR THE PRESCRIPTION.