



Authorization for Treatment of Faculty, Students, and/or Staff

The following individual has been approved to receive services offered by University Health Services and have those services billed to our department. I understand that these services are for work related issues such as Hepatitis vaccinations and travel clinic. This authorization must be presented to Central Registration at the end of the visit. Only authorized services will be billed to the department.

Person Receiving Services:

Name: _____ **Date of Birth:** ____/____/____

Services Authorized

☐

Hepatitis A and/or B

☐

TDaP

☐

Travel Immunizations

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Comments:

Department Information

Department Name:

Approved By (Print):

Department Contact:

Approver's Signature:

Internal Purchase Order Number: _____

*Buying departments will need to obtain an Internal Purchase Order – IDR's are no longer accepted as a form of payment for auxiliary services, including UHS.