

MEDICAL AUTHORIZATION

Patient's Name: _____ Today's Date: ____/____/____

Employer Name: _____ Phone: (____) _____

Authorized By: _____ Authorization Expires: ____/____/____
(Print Name)

WORK-RELATED INJURY

- Work injury treatment Consult to determine compensability Body part: _____
(Evaluation for cause of injury)

EVALUATIONS / EXAMINATIONS

- | | |
|---|---|
| <input type="checkbox"/> Pre-Placement / Post-Offer:
<input type="checkbox"/> Office <input type="checkbox"/> Factory
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Annual / Periodic Exam
<input type="checkbox"/> Respirator Clearance Exam
<input type="checkbox"/> Respirator Fit Testing
<input type="checkbox"/> Silica Clearance Examination
(by appointment only, please call clinic to schedule)
<input type="checkbox"/> Asbestos Clearance Examination
(by appointment only, please call clinic to schedule)
____ Chest X-ray (B-Read) ____ No Chest X-ray | <input type="checkbox"/> Fitness for Duty Evaluation
<input type="checkbox"/> School Bus Driver
<input type="checkbox"/> Annual
<input type="checkbox"/> New Hire
<input type="checkbox"/> DOT Exam
<input type="checkbox"/> New Certification
<input type="checkbox"/> Recertification
<input type="checkbox"/> Other: _____
(Please complete if item is not listed) |
|---|---|

DRUG & ALCOHOL SCREENING

NON-NIDA* / NON-DEPARTMENT OF TRANSPORTATION

- | Drug | Alcohol (EBT) |
|---|---|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Pre-Employment |
| <input type="checkbox"/> Random | <input type="checkbox"/> Random |
| <input type="checkbox"/> Follow-up | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Return to Duty |
| <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Post-Accident |
| <input type="checkbox"/> Hair Follicle Drug | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rapid | |
| <input type="checkbox"/> Other: _____ | |

NIDA* / DEPARTMENT OF TRANSPORTATION

- | Drug | Alcohol (EBT) |
|---|---|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Random |
| <input type="checkbox"/> Random | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Follow-up | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Return to Duty |
| <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Post-Accident |
| <input type="checkbox"/> Post-Accident | |

OTHER SERVICES

- | | |
|--|--|
| <input type="checkbox"/> Audiogram | <input type="checkbox"/> Quantiferon Gold |
| <input type="checkbox"/> Tuberculosis (TB) Skin Test | <input type="checkbox"/> Hepatitis B Vaccine |
| <input type="checkbox"/> Other: _____ | |

Locations listed on back.

For more information, visit us at:

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