

Authorization for Examination or Treatment



Please check off services needed for your employee's visit.

Use of this form requires an established account with an Industrial Client (I.C.) Number. Forms presented without an I.C. # will not be accepted. If you do not have an active I.C. account, please contact us by calling (866) 253-9139.

Patient Information:

Company Name:	Date of Birth:	I.C. #:
Patient Name:	Last 4 Digits of SS#:	

Work Related:

<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	Date of Injury _____
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Physical Examination:

DOT:	NON-DOT:
<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Pre-employment
<input type="checkbox"/> Recertification	

Substance Abuse Testing:

Urine Drug Screens:

- DOT (5-panel)
- Non-DOT (10-panel)
- Instant Drug Screen (5-panel)

Alcohol Screens:

- Breath test (EBT)
- Blood test

Special Procedures:

- PPD Placement
- Chest X-ray
- Hepatitis B
- Flu vaccination
- Other _____

Special Instruction / Comments

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Authorization:

Phone:	Date:
Printed Name:	Signature: