

## 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:<br><input type="checkbox"/> Office <input type="checkbox"/> Factory<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Annual / Periodic Exam<br><input type="checkbox"/> Respirator Clearance Exam<br><input type="checkbox"/> Respirator Fit Testing<br><input type="checkbox"/> Silica Clearance Examination<br>(by appointment only, please call clinic to schedule)<br><input type="checkbox"/> Asbestos Clearance Examination<br>(by appointment only, please call clinic to schedule)<br>____ Chest X-ray (B-Read)    ____ No Chest X-ray | <input type="checkbox"/> Fitness for Duty Evaluation<br><input type="checkbox"/> School Bus Driver<br><input type="checkbox"/> Annual<br><input type="checkbox"/> New Hire<br><input type="checkbox"/> DOT Exam<br><input type="checkbox"/> New Certification<br><input type="checkbox"/> Recertification<br><input type="checkbox"/> Other: _____<br>(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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