

MEDICAL AUTHORIZATION

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

Employer Name: _____ Acct # _____ 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 Exam / Post-Offer Exam
Job Title Optional _____ | <input type="checkbox"/> Fitness for Duty Evaluation (<i>return to work</i>) |
| <input type="checkbox"/> Annual / Periodic Exam | <input type="checkbox"/> School Bus Driver |
| <input type="checkbox"/> Firefighter New | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Firefighter Annual (<i>by appointment only - call clinic</i>) | <input type="checkbox"/> New Hire |
| <input type="checkbox"/> Respirator Clearance Exam | <input type="checkbox"/> DOT Exam |
| <input type="checkbox"/> Respirator Fit Testing (no exam) | <input type="checkbox"/> New Certification |
| <input type="checkbox"/> Silica Clearance Examination (<i>by appointment only - call clinic</i>) | <input type="checkbox"/> Recertification |
| <input type="checkbox"/> Asbestos Clearance Examination (<i>by appointment only - call clinic</i>) | <input type="checkbox"/> Other: _____ |
| _____ Chest X-ray (B-Read) _____ No Chest X-ray | <i>(Please complete if item is not listed)</i> |

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

- Audiogram Quantiferon Gold
 Tuberculosis (TB) Skin Test Hepatitis B Vaccine
 Other: _____

For more information, visit us at:

visitphysicians.com