

**Authorization for Treatment**

**Patient Name: Appt Time: Date:**

**Company: Phone: Fax:**

**Company Address: City: State: Zip:**

**Supervisor: Email: FAX:**

**Authorized By: Date:**

**By signing this authorization the above referenced company acknowledges and agrees that it is fiscally responsible for all incurred charges at this facility.**

**Verbal Authorization Given by: Taken By: h Name Phone# Initials**

|  |  |
| --- | --- |
| **Work-Related Injury/Illness** | **\_\_ Evaluate \_\_Treatment**  **Body Part: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position in Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*Send incident report, if available**  ***If this incident is deemed not work-related, the authorizing organization will be responsible for charges until notification is given*** |
| **Drug Screen** | **\_\_DOT \_\_NON-DOT (\_\_Urine Lab \_\_Urine Rapid \_\_Hair \_\_Saliva)**  **\_\_Post Offer \_\_Post Accident \_\_Reasonable Suspicion \_\_Random \_\_Follow Up \_\_Witnessed/Observed \_\_Employee to Pay** |
| **Breath Alcohol** | **\_\_DOT \_\_NON-DOT**  **\_\_Post Offer \_\_Post Accident \_\_Reasonable Suspicion \_\_Random \_\_Follow Up \_\_Witnessed/Observed \_\_Employee to Pay** |
| **Physical Exam** | **\_\_ Post Offer \_\_DOT \_\_Annual \_\_Respiratory Clearance \_\_Toxic \_\_Asbestos**  **\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_Employee to Pay** |
| **Immunization** | **\_\_ TB \_\_Tetanus \_\_MMR \_\_Hep A \_\_HepB \_\_Flu**  **\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_Employee to Pay** |
| **Other** | **\_\_PFT \_\_Audiometry \_\_EKG \_\_Spirometry \_\_Respirator Fit Test**  **\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_Employee to Pay** |

**Special Instructions:**

**(All patient must bring valid PHOTO ID to the appointment. Patients under 18 years of age need written parental authorization for physicals, injury treatment and/or injections.**