



MEDICAL AUTHORIZATION TO TREAT

Employer: _____ Phone: _____

Patient: _____ Date: _____

Work Comp Carrier & Phone: _____

Date of Injury: _____ Claim # (if available): _____

This patient is an employee of our company and requires the following services:

Medical Services:		
<input type="checkbox"/> Injury Care	<input type="checkbox"/> Re-check/Re-evaluation	<input type="checkbox"/> Post-offer Physical
<input type="checkbox"/> Fit for Duty Physical	<input type="checkbox"/> CDL/DOT Physical	<input type="checkbox"/> Respirator Clearance
<input type="checkbox"/> Respirator Fit Test (must be scheduled)	<input type="checkbox"/> Lift Test – Max. weight _____	<input type="checkbox"/> Audiometry

Injections/Titers:			
Injections:	<input type="checkbox"/> TB Skin	<input type="checkbox"/> TB QuantiFERON Gold	<input type="checkbox"/> Hepatitis A
	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> TDap	<input type="checkbox"/> Flu Shot
Titers:	<input type="checkbox"/> Hep B	<input type="checkbox"/> MMR	<input type="checkbox"/> Varicella

Drug/Alcohol Testing:					
Reason for Test:	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion		
	<input type="checkbox"/> Post-accident	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Return to duty		
	<input type="checkbox"/> Other _____				
Drug Screen:					
<i>Rapid tests:</i>	<input type="checkbox"/> 4-panel	<input type="checkbox"/> 5-panel	<input type="checkbox"/> 9-panel	<input type="checkbox"/> 10-panel	
<i>Lab based:</i>	<input type="checkbox"/> 4-panel	<input type="checkbox"/> 5-panel	<input type="checkbox"/> 9-panel	<input type="checkbox"/> 10-panel	<input type="checkbox"/> DOT
	<input type="checkbox"/> 10-panel w/ Urine Alcohol	<input type="checkbox"/> 5-panel Daycare w/ MRO	<input type="checkbox"/> Hair		
	<input type="checkbox"/> Collect Only				
Breath Alcohol:	<input type="checkbox"/> Non-Dot Test	<input type="checkbox"/> DOT Test			

Special instructions: _____

Authorized by: _____

Authorization good through: _____