



## Authorization for Examination or Treatment

Pivot Location: \_\_\_\_\_

*(Patient Must Present Photo ID at Time of Service)*

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*Please check all that apply:*

**Work Injury/Workers Compensation**

Date of Injury: \_\_\_\_\_ Injury Description: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Claim #: \_\_\_\_\_

### Physical Examination

- Pre-placement     DOT     Periodic/Annual     Exit     Return to Work     Fitness for Duty
- Respirator Clearance     Respirator Questionnaire Review Only     Hazmat (Include details below)
- Other: \_\_\_\_\_ Physical Instructions: \_\_\_\_\_

### Substance Abuse Testing

- DOT     5 Panel     10 Panel     Rapid 5 Panel     Rapid 10 panel
- DOT Testing Authority: \_\_\_\_\_ FMCSA    \_\_\_\_\_ FAA    \_\_\_\_\_ FRA    \_\_\_\_\_ FTA    \_\_\_\_\_ PHMSA    \_\_\_\_\_ USCG
- Breath Alcohol     Alcohol Saliva     Other: \_\_\_\_\_
- Collection only—Lab Name: \_\_\_\_\_ Chain of Custody:  Yes     No

### Reason for Substance Abuse Testing

- Pre-placement     Post-accident     Random     Reasonable Cause     Follow Up     Return-to-Work

### Other Services

- Respirator Fit Test     Audiogram     PPD     Pulmonary Function Test     EKG     Chest x-ray
- Vaccinations: \_\_\_\_\_  Blood Work: \_\_\_\_\_
- Other: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_