

MEDICAL AUTHORIZATION

Patient's Name: _____ 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 / Non-DOT Exam Job Title: _____ (Optional) Lift Test Weight: _____	<input type="checkbox"/> School Bus Driver <input type="checkbox"/> Annual <input type="checkbox"/> New Hire <input type="checkbox"/> DOT Exam <input type="checkbox"/> New Certification <input type="checkbox"/> Recertification
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DRUG & ALCOHOL TESTING

NON-DOT		DOT-DEPARTMENT OF TRANSPORTATION	
Drug	Alcohol	Drug	Alcohol
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Pre-Employment
<input type="checkbox"/> Random	<input type="checkbox"/> Random	<input type="checkbox"/> Random	<input type="checkbox"/> Random
<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Follow-Up
<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Reasonable Suspicion	<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"/> Return to Duty	<input type="checkbox"/> Return to Duty
<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Post-Accident
<input type="checkbox"/> Hair Follicle Drug	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Rapid			
<input type="checkbox"/> Other: _____			

*National Institute on Drug Abuse

OTHER SERVICES

Fit Testing Quantiferon Gold Tuberculosis (TB) Skin Test

 Other: _____

Authorization forms can be submitted to MedAuth@local-md.com

For more information, visit us at Local-MD.com or contact us at occhealth@Local-MD.com.