

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
(Evaluation for cause of injury) Body Part: _____

EVALUATIONS / EXAMINATIONS

<input type="checkbox"/> Pre-Placement Exam / Post-Offer 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																																				
<table border="0" style="width: 100%;"> <tr> <th style="width: 50%;">Drug</th> <th style="width: 50%;">Alcohol</th> </tr> <tr> <td><input type="checkbox"/> Pre-Employment</td> <td><input type="checkbox"/> Pre-Employment</td> </tr> <tr> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> Random</td> </tr> <tr> <td><input type="checkbox"/> Follow-Up</td> <td><input type="checkbox"/> Follow-Up</td> </tr> <tr> <td><input type="checkbox"/> Reasonable Suspicion</td> <td><input type="checkbox"/> Reasonable Suspicion</td> </tr> <tr> <td><input type="checkbox"/> Return to Duty</td> <td><input type="checkbox"/> Return to Duty</td> </tr> <tr> <td><input type="checkbox"/> Post-Accident</td> <td><input type="checkbox"/> Post-Accident</td> </tr> <tr> <td><input type="checkbox"/> Hair Follicle Drug</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Rapid</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	Drug	Alcohol	<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: _____		<table border="0" style="width: 100%;"> <tr> <th style="width: 50%;">Drug</th> <th style="width: 50%;">Alcohol</th> </tr> <tr> <td><input type="checkbox"/> Pre-Employment</td> <td><input type="checkbox"/> Pre-Employment</td> </tr> <tr> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> Random</td> </tr> <tr> <td><input type="checkbox"/> Follow-Up</td> <td><input type="checkbox"/> Follow-Up</td> </tr> <tr> <td><input type="checkbox"/> Reasonable Suspicion</td> <td><input type="checkbox"/> Reasonable Suspicion</td> </tr> <tr> <td><input type="checkbox"/> Return to Duty</td> <td><input type="checkbox"/> Return to Duty</td> </tr> <tr> <td><input type="checkbox"/> Post-Accident</td> <td><input type="checkbox"/> Post-Accident</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	Drug	Alcohol	<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"/> Other: _____	
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*National Institute on Drug Abuse

OTHER SERVICES

Fit Testing Quantiferon Gold Tuberculosis (TB) Skin Test
 Other: _____