

Medical Authorization Form

Patient Name: _____	Patient ID/SSN: _____
Company: _____	Job / P.O. #: _____
Scheduler Name: _____	Scheduler #: _____

REASON FOR THIS VISIT *Please check ALL services requested*

<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> Annual
<input type="checkbox"/> Random	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Reasonable Cause
<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Repeat/Missed On-Site Services

Physical Examination

<input type="checkbox"/> Pre-placement/Non-DOT	<input type="checkbox"/> DOT	<input type="checkbox"/> Hexavalent
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Ancillary Test

<input type="checkbox"/> Pulmonary Function (PFT)	<input type="checkbox"/> Supplied Air/Bottlewatch Training	<input type="checkbox"/> 10:00 AM	<input type="checkbox"/> 1:00 PM
<input type="checkbox"/> Audiogram	<input type="checkbox"/> Breathing Box Training		
<input type="checkbox"/> Blood Hexavalent Chromium 6	<i>(Deer Park only please chose a time)</i>		

Quantitative Fit Testing

<input type="checkbox"/> 3M 6000 HF	<input type="checkbox"/> 3M 7800 FF	<input type="checkbox"/> Scott AV 2000 FF
<input type="checkbox"/> Scott Excel HF		

Substance Abuse Testing

<input type="checkbox"/> DISA-DCCEO Drug & Alcohol	<input type="checkbox"/> DISA-DCCHA Drug & Alcohol	<input type="checkbox"/> DISA-DCCOF Drug & Alcohol
<input type="checkbox"/> DISA-DCCHT Hair Collection	<input type="checkbox"/> ASAP/LACC Drug & Alcohol	<input type="checkbox"/> ASAP Consent Form
<input type="checkbox"/> ASAP SSV Form	<input type="checkbox"/> Rapid/Instant 10 Panel	<input type="checkbox"/> Alere 10 Panel Urine #259

X-Rays

<input type="checkbox"/> Chest 1 View	<input type="checkbox"/> B-Reader 1 CXR View	<input type="checkbox"/> L-Spine
<input type="checkbox"/> Chest 2 View	<input type="checkbox"/> B-Reader 2 CXR View	

Injury Treatment

<input type="checkbox"/> New Injury	<input type="checkbox"/> Follow up
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Comments/Notes

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AUTHORIZED BY: _____ **Contact Phone:** _____