



Core Occupational Clinic
 170 James Drive East
 Suite 107
 Saint Rose, LA 70087
 Phone 985-303-6120
 Fax 985-303-6122

Medical Authorization Form

Company: _____	
Patient: _____	Employee ID/SSN: _____ - _____ - _____
Job / P.O. #: _____	Service Date: _____ Morning Afternoon
Scheduler Name: _____	Scheduler Phone #: _____
Authorizing Signature: _____	

REASON FOR THIS VISIT *Please check ALL services requested*

<input type="checkbox"/> Pre-Employment / Annual	<input type="checkbox"/> Follow Up	<input type="checkbox"/> Return to Duty
<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Cause	<input type="checkbox"/> Post-Accident

Ancillary Test

<input type="checkbox"/> Audiometric Test	<input type="checkbox"/> Pulmonary Function Test
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Respirator Fit Testing

<input type="checkbox"/> 3M 6000 HF	<input type="checkbox"/> MSA Comfo Classis	<input type="checkbox"/> Scott AV 3000
<input type="checkbox"/> 3M 6800 FF	<input type="checkbox"/> MSA ADV 200LS HF	<input type="checkbox"/> Scott AV 2000 FF
<input type="checkbox"/> North 7660	<input type="checkbox"/> MSA ADV 4000 FF	<input type="checkbox"/> Other _____
<input type="checkbox"/> North 7700 HF	<input type="checkbox"/> MSA Ultravue	<input type="checkbox"/> Other _____
<input type="checkbox"/> North 7600	<input type="checkbox"/> MSA Ultravue FF	<input type="checkbox"/> Other _____

Substance Abuse Testing

Urine and Hair Drug Screen		Breath Alcohol Testing
<input type="checkbox"/> 10 Panel Non-DOT (CORE is MRO)	<input type="checkbox"/> Collect Only Non-DOT	<input type="checkbox"/> Breath Alcohol Test Non-DOT
<input type="checkbox"/> 5 Panel Non-DOT (CORE is MRO)	<input type="checkbox"/> Collect Only DOT	<input type="checkbox"/> DISA Non-DOT
<input type="checkbox"/> DOT (CORE is MRO)	<input type="checkbox"/> Collect Only Hair	<input type="checkbox"/> DISA DOT
<input type="checkbox"/> Hair Collect (CORE is MRO)	<input type="checkbox"/> 10 Panel Instant	<input type="checkbox"/> Other _____
<input type="checkbox"/> DISA Non-DOT	<input type="checkbox"/> 5 Panel Instant	
<input type="checkbox"/> DISA DOT		
<input type="checkbox"/> DISA Hair Collection		

Laboratory Test

<input type="checkbox"/> CBC	<input type="checkbox"/> Industrial Chemistry	<input type="checkbox"/> Lead & ZPP Combo
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Injections/Vaccinations

<input type="checkbox"/> Flu Vaccination	<input type="checkbox"/> Tetanus Shot	<input type="checkbox"/> Hepatitis B Series
<input type="checkbox"/> TB Skin Test		

Physical Examination

Please contact our office to schedule physical exams
 985-303-6120 (M-F 6:00am – 3:00pm)

Other Services

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