

Promo Code: _____



AUTHORIZATION for EXAMINATION / TREATMENT

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> GARLAND (Corporate Office)
2046 Forest Lane, Suite 180
Garland, Texas 75042
Phone: 972-494-1419 Fax: 972-494-2069 | <input type="checkbox"/> McKINNEY
4510 Medical Center Dr., Suite 108
McKinney, TX 75069
Phone: 972-548-5356 Fax: 972-548-5357 | <input type="checkbox"/> GRAND PRAIRIE
805 W. Carrier Pkwy., Suite 260
Grand Prairie, Texas 75050
Phone: 817-984-9580 Fax: 817-984-9581 | <input type="checkbox"/> CARROLLTON
1555 Valwood Pkwy #100
Carrollton TX 75006
Ph: 469-513-6800 Fax: 469-513-6801 |
|--|---|---|---|

Company: _____ Employee: _____

Please check all that apply

<u>Work Related Injury / Illness</u>	<u>Substance Abuse Testing</u>	
Date of Injury: _____ Time of Injury: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Post Accident	<input type="checkbox"/> Return-to-Duty
<input type="checkbox"/> Light Duty Available	<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> Follow Up
<input type="checkbox"/> Follow client protocols on file	<input type="checkbox"/> Random Screen	<input type="checkbox"/> Reasonable Suspicion
<u>Medical Examinations / Screens</u>	Quick Test	
<input type="checkbox"/> Asbestos Examination	<input type="checkbox"/> Instant Drug Screen	5-Panel 10-Panel
<input type="checkbox"/> Audiogram	<input type="checkbox"/> eScreen	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Blood Test <input type="checkbox"/> CBC <input type="checkbox"/> SMAC	Lab Based	<u>Client Lab</u> <input type="checkbox"/>
<input type="checkbox"/> DOT Medical Examination <input type="checkbox"/> Re-Certification <input type="checkbox"/> New Certification	<input type="checkbox"/> Breath Alcohol Test (BAT)	
<input type="checkbox"/> Functional Capacity Evaluation	<input type="checkbox"/> Saliva Swab	
<input type="checkbox"/> Job Placement Assessment	<input type="checkbox"/> Urine Drug Screen	DOT Non-DOT
<input type="checkbox"/> Pre-Placement Medical Examination		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Pulmonary Function Test (PFT)	<input type="checkbox"/> Hair Analysis	
<input type="checkbox"/> Respirator Certification Examination	<input type="checkbox"/> Blood Alcohol	
<input type="checkbox"/> Respirator Questionnaire	<u>Immunization</u>	
<input type="checkbox"/> Return-to-Duty/Work Examination	<input type="checkbox"/> Tetanus/TDAP	<input type="checkbox"/> Hep A <input type="checkbox"/> TB
<input type="checkbox"/> Respirator Fit Test	<input type="checkbox"/> Rabies	<input type="checkbox"/> Hep B <input type="checkbox"/> Varicella
<input type="checkbox"/> X-ray	<input type="checkbox"/> In/uenza	<input type="checkbox"/> Hepatitis Titer <input type="checkbox"/> Other

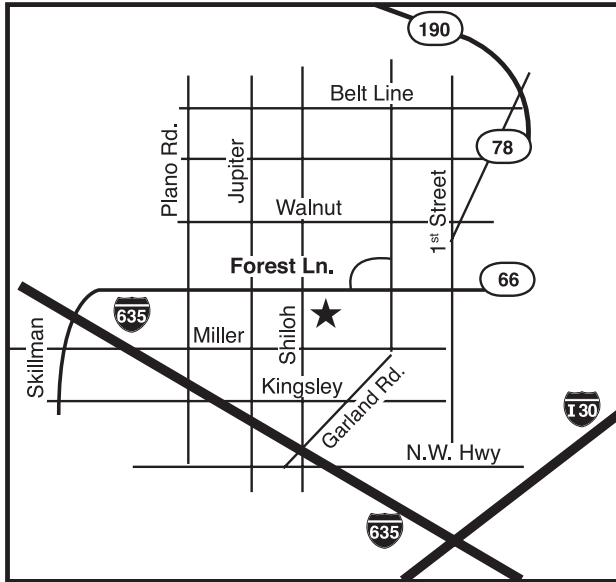
Special Instructions:

Approved By: _____ Date: _____ Phone: _____

Locations

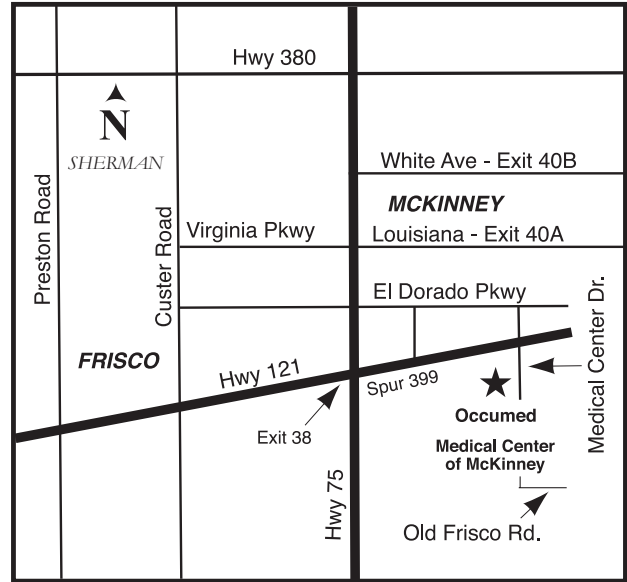
Garland

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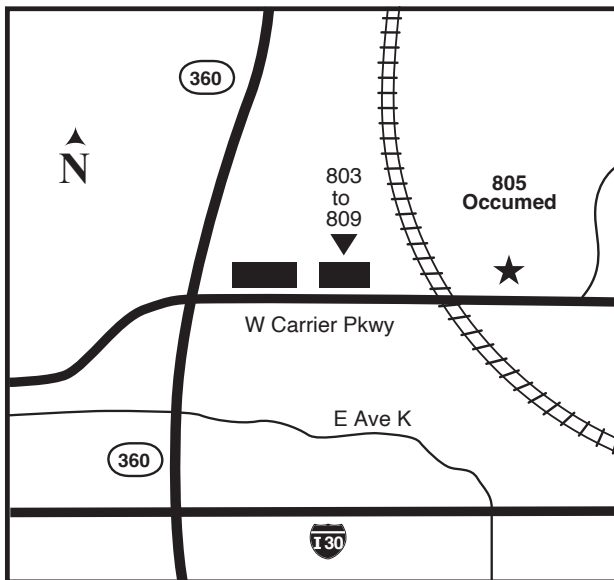
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