

Promo Code: \_\_\_\_\_



**AUTHORIZATION for EXAMINATION / TREATMENT**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>GARLAND</b> (Corporate Office)<br>2046 Forest Lane, Suite 180<br>Garland, Texas 75042<br>Phone: 972-494-1419 • Fax: 972-494-2069 | <input type="checkbox"/> <b>McKINNEY</b><br>130 S. Central Expy.<br>McKinney, Texas 75070<br>Phone: 972-548-5356 • Fax: 972-548-5357 | <input type="checkbox"/> <b>GRAND PRAIRIE</b><br>805 W. Carrier Pkwy., Suite 260<br>Grand Prairie, Texas 75050<br>Phone: 817-984-9580 • Fax: 817-984-9581 |
|--|--|---|

Company: \_\_\_\_\_ Employee: \_\_\_\_\_

Please check all that apply

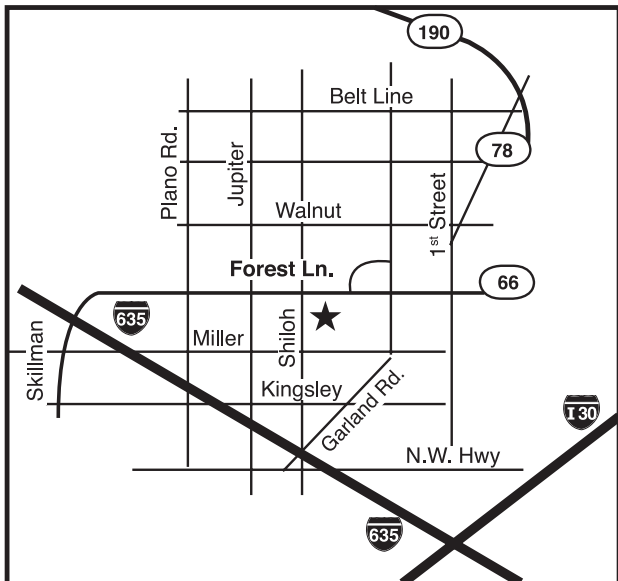
<u>Work Related Injury / Illness</u>	<u>Substance Abuse Testing</u>																																				
Date of Injury: _____ Time of Injury: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM  <input type="checkbox"/> Light Duty Available <input type="checkbox"/> Follow client protocols on file	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Post Accident</td> <td><input type="checkbox"/> Return-to-Duty</td> </tr> <tr> <td><input type="checkbox"/> Pre-Placement</td> <td><input type="checkbox"/> Follow Up</td> </tr> <tr> <td><input type="checkbox"/> Random Screen</td> <td><input type="checkbox"/> Reasonable Suspicion</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><b>Quick Test</b></td> <td style="text-align: center;">5-Panel</td> <td style="text-align: center;">10-Panel</td> </tr> <tr> <td><input type="checkbox"/> Instant Drug Screen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> eScreen</td> <td></td> <td></td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><b>Lab Based</b></td> <td style="text-align: center;"><u>Client Lab</u></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Breath Alcohol Test (BAT)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Saliva Swab</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Urine Drug Screen</td> <td style="text-align: center;">DOT</td> <td style="text-align: center;">Non-DOT</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hair Analysis</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Blood Alcohol</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Post Accident	<input type="checkbox"/> Return-to-Duty	<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> Follow Up	<input type="checkbox"/> Random Screen	<input type="checkbox"/> Reasonable Suspicion	<b>Quick Test</b>	5-Panel	10-Panel	<input type="checkbox"/> Instant Drug Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> eScreen			<b>Lab Based</b>	<u>Client Lab</u>	<input type="checkbox"/>	<input type="checkbox"/> Breath Alcohol Test (BAT)			<input type="checkbox"/> Saliva Swab			<input type="checkbox"/> Urine Drug Screen	DOT	Non-DOT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hair Analysis			<input type="checkbox"/> Blood Alcohol		
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**Special Instructions:**

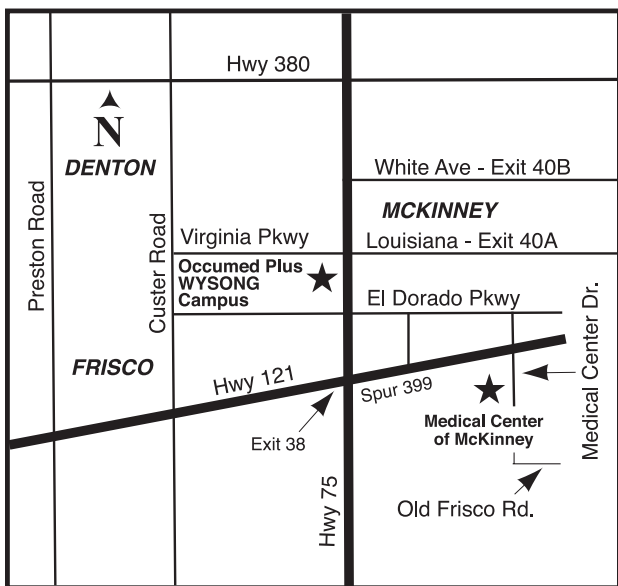
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Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

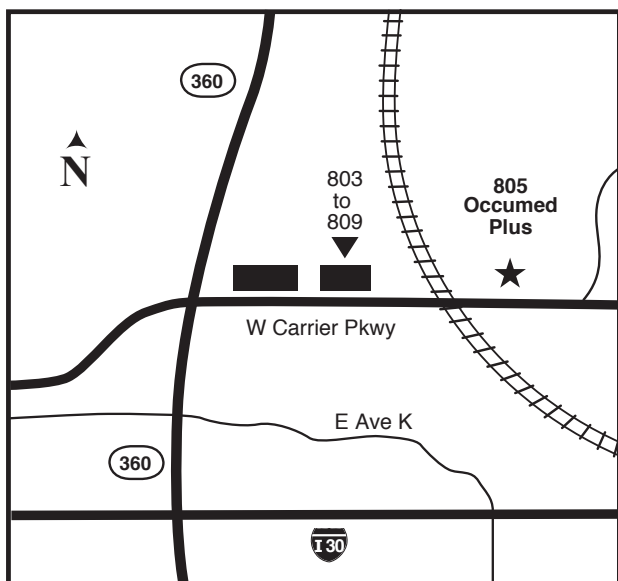
## Locations



**Garland**  
 2046 Forest Lane, Suite 180  
 Garland, TX 75042  
 Phone 972-494-1419 • Fax 972-494-2069



**McKinney**  
 130 S. Central Expy.  
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