



Authorization for Examination or Treatment

(Patient Must Present Photo ID at Time of Service)

Employer: _____

Today's Date: _____

Location: _____

Authorized By: _____

Employer Phone No.: _____

Employer Fax No: _____

Employee: _____

Employee Date of Birth: _____

Please check all that apply:

Work Injury/Illness

Date of Injury _____ Claim# (if available) _____

Physical Examination

Pre-placement DOT Periodic/Annual Exit Return to Work Fitness for Duty

Respirator Clearance Asbestos Hazmat Medical Surveillance Other: _____

Substance Abuse Testing

Federally regulated drug screen Non-regulated drug screen Collection only

Breath Alcohol Hair Test 10 panel 5 panel Rapid 10 panel

Rapid 5 panel Other: _____

Reason for Substance Abuse Testing

Pre-placement Reasonable Cause Post-accident Random Follow-up

Other Services

Respirator Fit Test Audiogram PPD Pulmonary Function Test EKG Chest x-ray

Vaccination: _____ Other: _____

Special instructions/comments: _____

914 Justison Street Wilmington, DE 19801 302-777-0720 phone 302-777-0721 fax	283 N. DuPont Highway Dover, DE 19901 302-857-3860 phone 302-857-3861 fax	4051 Ogletown Road Newark, DE 19713 302-722-4471 phone 302-533-7751 fax	543 N. Shipley Street, Ste F Seaford, DE 19973 302-629-6875 phone 302-628-3857 fax	505 W. Market Street, Ste 100 Georgetown, DE 19947 302-752-1199 phone 302-858-4283 fax
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Hours: 8:00 am to 4:30 pm M - F