(Patient must present photo ID at the time of service)

Authorization for Examination or Treatment

Patient Name:

DR. License State & No. (Required for DOT-FMCSA Testing): Date of Birth:

Employer's Name: Employer's Address:

Worker's Compensation Injury Care: Injury Date of Injury

Affected Body Part(s):

Claim #: Insurance Carrier:

Substance Abuse Testing (DOT) *

WORKNET DOT 5 Panel Collection only

Breath Alcohol **DOT**

***Reason for test- DOT (if above testing is checked, please select one)**

Pre-Employment Reasonable Suspicion

Random Follow-up Other (please specify):

Post-Accident Return to Duty

Periodic **(USCG Only)** Direct Observation

***DOT Agency Required:** FMCSA FTA FAA PHMSA FRA USCG

Physical Examinations

Post offer Annual

DOT Post offer DOT Recertification

OSHA Respirator HAZMAT

Fitness for Duty Return to work

Substance Abuse Testing (Non-DOT) **

Collection only Hair Collection

WORKNET 5 Panel (Lab) WORKNET 10-panel (Lab)

WORKNET (other Panel-Lab)

Instant 5-panel Instant 11-panel

Breath Alcohol **Non-DOT**

**** Reason for test–NON DOT (if above testing is checked, please select one)**

Pre-Employment Reasonable Suspicion

Random Follow-up

Post-Accident Post- Injury

Fitness for Duty Per Company Request

Return to Work Direct Observation

Other Medical Services

Audiogram Vaccine – Hepatitis B

Lift Testing/POET Vaccine – Hepatitis A

EKG Vaccine – TDAP

Spirometry Vaccine – Flu

Respirator Fit Test Vision Screening

TB Quantiferon Gold

PPD (TB clearance) – 2 step protocol

PPD (TB clearance) - 1 step protocol

Chest X-Ray (TB clearance)

Titer - Varicella Blood Lead with ZPP

Titer – MMR Titer – Hepatitis B

Other services not listed above or special instructions for authorization:

Billing: Employee pays for services Bill the employer account for services

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Required

Authorized By: Title:

Phone: Email: Date:

CLICK ON THE DROPDOWN BOX FOR A LIST OF EMAIL ADDRESSES TO SEND THIS FORM TO:

"Your submission of this form to Select Medical will not be secured by Select Medical. Your default email client will be used to submit this completed form back to us; please ensure that the solution you are using to send this email is secure"