

Physicians Health Center

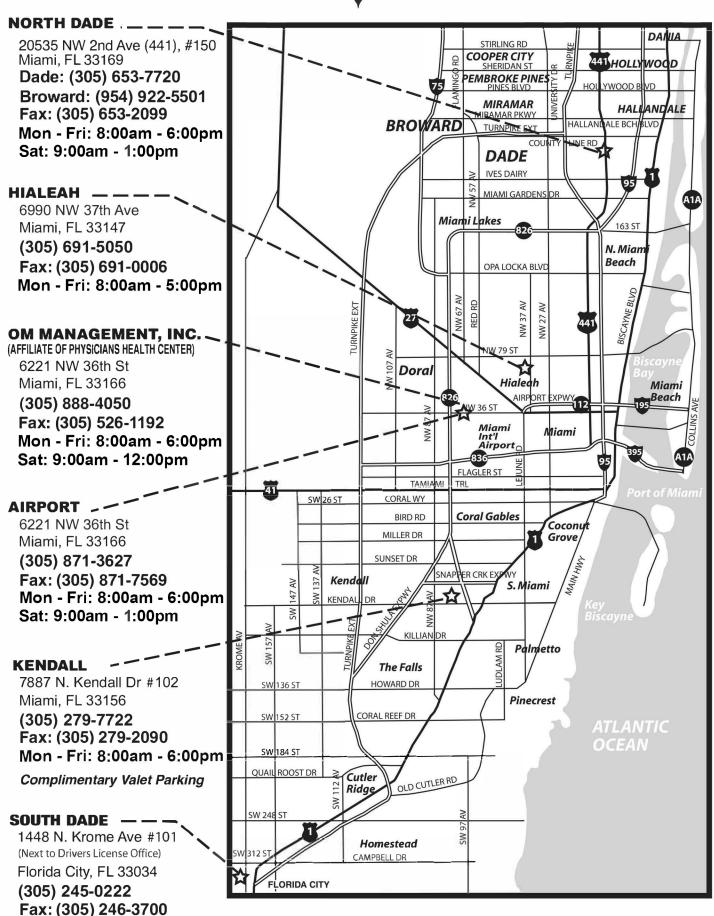
Occupational Medical Specialists www.physicianshealthcenter.com

EMPLOYER AUTHORIZATION FOR SERVICE

(MUST PRESENT PHOTO ID)

CLAIM #:	DATE:
EMPLOYEE NAME:	INJURY: (Body Part)
COMPANY NAME:	
ADDRESS / LOCATION #	
PHONE:	FAX:
AUTHORIZED BY:	TITLE:
PHYSICAL EXAMINATION	SUBSTANCE ABUSE TESTING
DOT Physical Exam	DOT Non-DOT Drug Free Workplace
Company Physical	
Physical Capability Test	Agency:
FDLE Physical	FMCSA FAA FTA FRA PHMSA USCG
Fitness For Duty Exam	
Other	Drug Test Collection Only
Back Evaluation	Alcohol Test (EBT)
Audio Test	Blood Alcohol Test
Pulmonary Function Test (PFT)	
Respirator Clearance	E-Screen Saliva Test
Respirator Fit Test	Hair Test Rapid Test
FAA/NDT Eye Exam	REASON FOR TEST
Standard Eye Exam	Pre Employment Reasonable Suspicion
Other	Random Return to Duty
ADDITIONAL SERVICES:	Post Accident/Post Injury Follow-up
TB Test (PPD)	BILLING (Check if applicable)
Flu Shots	Employee to pay Charges
Hep. B Immunizations	
Titer	Comments:
Tetanus	
EKG	
Travel Medicine-Destination:	Over for PHC Locations





Mon - Fri: 8:30am - 5:00pm