

12401 Hesperia Road, Suite 9 & 10, Victorville, CA 92395

Phone: (760) 245-2474

Hours: 7AM - 7PM

Fax: 760-241-7416

Monday - Friday

AUTHORIZATION FOR EMPLOYMENT SERVICES

PLEASE BRING THIS AUTHORIZATION WITH YOU

Date: _____

Patient Name (Print)

Occupation

Employer Name

Phone

Employer Address

City

Zip

SERVICES REQUESTED

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> DOT Physical Pre-employment | <input type="checkbox"/> Audio | <input type="checkbox"/> Chest 1 View | <input type="checkbox"/> Non-DOT Drug Screen |
| <input type="checkbox"/> Basic Physical Pre-employment | <input type="checkbox"/> Return to Work Basic Physical | <input type="checkbox"/> Chest 2 View | <input type="checkbox"/> DOT Drug Screen |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Vision/Color Blindness | <input type="checkbox"/> L Spine 3 View | <input type="checkbox"/> Rapid Drug Screen |
| <input type="checkbox"/> Hepatitis B Series | <input type="checkbox"/> Pulmonary Function | <input type="checkbox"/> Hair Collection | <input type="checkbox"/> Breath Alcohol Test |
| <input type="checkbox"/> Return to Work DOT Physical | | <input type="checkbox"/> Physical Agility - <i>Specify</i> _____ <i>lbs (up to 75lbs)</i> | |

Fax or Email results to: _____

Special Instructions: _____

Authorization for treatment by (**Print Name**) _____ Title _____

Billing Address if different from above _____

APPOINTMENT DATE/TIME _____