

# THE DOCTORS TREATMENT CENTER

## AUTHORIZATION FOR TREATMENT OF EMPLOYEE

PATIENT: \_\_\_\_\_ APPT DATE/TIME: \_\_\_\_\_.

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

**AUTHORIZED WORKER'S COMP INJURY:** \_\_\_\_\_

**PHYSICAL EXAM:**

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> PRE-EMPLOYMENT | <input type="checkbox"/> AUDIO       | <input type="checkbox"/> ASBESTOS       |
| <input type="checkbox"/> DOT            | <input type="checkbox"/> PFT         | <input type="checkbox"/> RETURN TO WORK |
| <input type="checkbox"/> RESPIRATOR     | <input type="checkbox"/> PPD         | <input type="checkbox"/> ANNUAL         |
| <input type="checkbox"/> FIT TEST       | <input type="checkbox"/> HEPATITIS B | <input type="checkbox"/> HAZMAT         |
| <input type="checkbox"/> OTHER _____    |                                      |   |

**SUBSTANCE TESTING:**

- |   |                              |                                  |                                |
|---|------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> DRUG SCREEN          | <input type="checkbox"/> DOT | <input type="checkbox"/> NON-DOT | <input type="checkbox"/> RAPID |
| <input type="checkbox"/> PRE-EMPLOYMENT       |                              |                                  |                                |
| <input type="checkbox"/> RANDOM               |                              |                                  |                                |
| <input type="checkbox"/> REASONABLE SUSPICION |                              |                                  |                                |
| <input type="checkbox"/> POST-ACCIDENT        |                              |                                  |                                |
| <input type="checkbox"/> RETURN TO DUTY       |                              |                                  |                                |
| <input type="checkbox"/> FOLLOWUP             |                              |                                  |                                |
| <input type="checkbox"/> BREATH ALCOHOL       |                              |                                  |                                |
| <input type="checkbox"/> RANDOM               |                              |                                  |                                |
| <input type="checkbox"/> REASONABLE SUSPICION |                              |                                  |                                |
| <input type="checkbox"/> POST-ACCIDENT        |                              |                                  |                                |
| <input type="checkbox"/> RETURN TO DUTY       |                              |                                  |                                |
| <input type="checkbox"/> FOLLOW-UP            |                              |                                  |                                |
| <input type="checkbox"/> PRE-EMPLOYMENT       |                              |                                  |                                |

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CALL TAKEN BY \_\_\_\_\_ DATE/TIME OF CALL \_\_\_\_\_