The Clinic at Elm Lake

EMPLOYER AUTHORIZATION

PH 662-240-9999 FAX 662-241-5451

Company: _____ Date: _____

Employee: _____ PHOTO ID REQUIRED

Select One: ___ Bill Company ___ Bill Work Comp Ins ___ Employee to Pay

Work Related Injury

Date of Injury: _____
Work Comp Ins: _____
WC Claim Number: _____
Injury: _____

___ EVALUATE & TREAT ___EVALUATE ONLY
___ Immunizations: □ Tetanus □ Hep B □ Update if needed
Please select Substance Abuse Testing if needed.

DOT

___ DOT Physical Examination
DOT Drug & Alcohol Testing:
REASON for Testing: _____
□ DOT Urine Drug Screen
(Use Clinic's Chain of Custody form)
Sent to outside lab-Usually result 48-72 hrs
□ DOT Urine Drug Screen COLLECT ONLY
MUST bring kit & COC form
□ DOT Breath Alcohol

Examinations & Procedures

□ Pre-Employment □ Annual □ Other: _____

___ Physical Examination:
- □ DOT
- □ Basic:
  Basic exam, short medical history, vital signs, distant vision, basic color vision, conversational hearing
- □ Comprehensive:
  In depth exam, long medical history, vital signs, distant/near vision test

___ Audiogram/Hearing Test
___ Vision:
- □ Titmus (Depth perception/color & acuity near/far)
- □ Snellen (Near/Far)
- □ Ishihara

___ EKG
___ Spirometry/PFT (Measures lung capacity)
___ Respirator Fit
___ Respirator Questionnaire (OSHA)
___ X-ray (Specify): _____
___ Labs: □ CBC □ Other_____
___ Immunizations: □ Tetanus □ Hep B □ Update if needed
___ □ Other: _____

Special Requests

___ Hand Evaluation
___ Fit for Duty/Return to Work (Medical Records Required Before Appt is Scheduled)
___ Travel Consultation for Travel to _____
___ OTHER: _____

Substance Abuse Testing

□ Pre-Employment □ Random □ Reasonable Cause
□ Post Accident □ Follow Up

Urine Drug Screen:
□ Call Employee Representative, if non-negative.
□ Send for confirmation, if non-negative.

___ DOT (Use Clinic's Chain of Custody form)
Sent to outside lab-Usually result 48-72 hrs
___ DOT COLLECT ONLY
MUST bring kit & COC form

___ NON DOT Instant:
- □ 5-2 Panel: AMP/COC/MET/OPI/THC
- □ 5-3 Panel: AMP/COC/OPI/PCP/THC
- □ 10 Panel: BZO/BAR/MET/OPI/PCP/AMP/COC/MDMA/MTD/THC

___ NON DOT COLLECT ONLY
MUST bring kit & COC form
___ SAMHSA 10 Panel (Use Clinic's Chain of Custody form)Sent to outside lab-Usually result 48-72 hrs

Other:
___ Breath Alcohol:
- □ DOT
- □ NON DOT

___ Saliva Alcohol
___ Hair Collection – MUST bring kit & COC form

___ Other _____

Special Instructions

_____
_____
_____

By signing this, I agree to pay all requested services in full, whether approved or not by the insurance carrier.

Company Representative Signature: _____ Date: _____

Print Name: _____ Phone: _____