



AUTHORIZATION FOR MEDICAL SERVICES

Our Address: 8001 Fruitridge Rd Suite D, Sacramento, CA 95820
 Phone Number: (916) 387-6929 Fax Number: (916) 387-6977
 Business Hours: Mon-Fri 8:00am-5:00pm PLEASE NOTE: NO WALK-INS AFTER 4:00PM

Patient Name: _____
 Employer: _____
 Employer Phone Number: _____
 Third Party Administer (TPA): _____
 Authorized By (Please Print): _____

Services Requested

- Work Related Injury Treatment
- Pre-Placement Physical Exam
- DOT Physical Exam
- Respirator Clearance Exam
- Return To Work Physical Exam
- Non-DOT Urine Drug Screen
- DOT Urine Drug Screen
- Non-DOT Breath Alcohol Test
- DOT Breath Alcohol Test
- Instant Drug Screen (5 Panel) If inconclusive, specimen will be sent out to MedTox Lab for further testing.
- Additional fees will apply**
- Other:** _____

For Drug Screen or Alcohol Test Please Check Reason for Test

- Pre Placement
 - Random
 - Reasonable Suspicion
 - Post-Accident
 - Return To Duty
- If Observed Is Required Please Circle One Yes No

PLEASE BE PROMPT AND BRING THIS FORM ALONG WITH YOUR PICTURE ID

