



OCCUPATIONAL MEDICINE

AUTHORIZATION FOR MEDICAL SERVICES

Patient Name: _____ Date: _____

Employer: _____ Employer Phone Number: _____

Work Comp Insurance (or TPA): _____

Authorized By (Please Print): _____

For Appointments, please be prompt and bring this form along with your Photo ID.

PHYSICAL EXAMS

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> DOT Physical Exam | <input type="checkbox"/> Work Related Injury Treatment | <input type="checkbox"/> HAZMAT |
| <input type="checkbox"/> Pre-Placement Physical Exam | <input type="checkbox"/> Return To Work Physical Exam | <input type="checkbox"/> Other _____ |

DRUG SCREEN

- ☐ DOT Urine Drug Screen
☐ Non-DOT Urine Drug Screen
☐ INSTANT Drug Test: (5-panel)*
*If inconclusive specimen will be sent to lab for further testing (additional fees will apply)

For Drug Screen, Please Check Reason for Test:

- ☐ Pre-Placement ☐ Random ☐ Reasonable Suspicion ☐ Post-Accident ☐ Return To Duty
Is Observed Collection Required? ☐ Yes ☐ No

COMPLIANCE SCREENING

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Respirator Clearance Exam | <input type="checkbox"/> Agility /Fitness Test | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pulmonary Function Test (PFT) | <input type="checkbox"/> Lift Test | |
| <input type="checkbox"/> Audiogram | <input type="checkbox"/> TB Skin Test | |

OTHER SERVICES

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Varicella Titer | <input type="checkbox"/> Tetanus Vaccine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MMR Titer | <input type="checkbox"/> Tdap Vaccine | |
| <input type="checkbox"/> Hepatitis A Titer | <input type="checkbox"/> Influenza Vaccine (Flu) | |
| <input type="checkbox"/> Hepatitis B Titer | <input type="checkbox"/> Hepatitis B Vaccine | |
| <input type="checkbox"/> OSHA Labs (check all that apply) | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | |
| <input type="checkbox"/> Lead <input type="checkbox"/> Arsenic <input type="checkbox"/> Cadmium <input type="checkbox"/> Mercury | | |

BUSINESS HOURS:

MON - FRI 8:00am - 5:00pm.
No Walk-in Physical Exams after 4:00pm.
Drug Screens until 4:00 pm

LOCATION:

18800 Delaware Street, Suite 101
Huntington Beach, CA 92648
Phone Number: (714) 475-1100
Email: info@promptcareocmed.com

