



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

- DOT Physical Exam
- Pre-Placement Physical Exam
- Work Related Injury Treatment
- Return To Work Physical Exam
- HAZMAT
- 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

- Respirator Clearance Exam
- Pulmonary Function Test (PFT)
- Audiogram
- Agility /Fitness Test
- Lift Test
- TB Skin Test
- Other: _____

OTHER SERVICES

- Varicella Titer
- MMR Titer
- Hepatitis A Titer
- Hepatitis B Titer
- OSHA Labs (check all that apply)
 - Lead
 - Arsenic
 - Cadmium
 - Mercury
- Tetanus Vaccine
- Tdap Vaccine
- Influenza Vaccine (Flu)
- Hepatitis B Vaccine
 - 1st
 - 2nd
 - 3rd
- Other: _____

BUSINESS HOURS:

MON - FRI 8:00am - 5:00pm.
SAT - SUN 1:00pm - 4:00pm (BY APPOINTMENT ONLY)

LOCATION:

18800 Delaware Street, Suite 1100
Huntington Beach, CA 92648
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Email: info@promptcareocmed.com

