promptcare

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

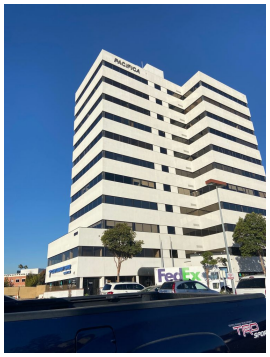
- ☐ Respirator Clearance Exam
- ☐ Pulmonary Function Test (PFT)
- ☐ Audiogram
- ☐ Agility /Fitness Test
- ☐ Lift Test
- ☐ TB Skin Test
- ☐ Other: _____

OTHER SERVICES

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

BUSINESS HOURS:

MON - FRI 8:00am - 6:00pm.
SAT & SUN 1:00pm - 5:00pm (by appointment only).
Drug Screens until 5:00 pm



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