

Please send completed form with employee or fax the form to 260-667-5630 .

Employer: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PRE-HIRE / POST OFFER**

DOT  Non-DOT  Follow Company Protocol

- Urine Drug Screen**
  - 5 Panel Daycare  Physical  Vision Exam Specify: \_\_\_\_\_
  - 5 Panel Lab Based  Respiratory Physical/OSHA Clearance
  - 10 Panel Rapid  Titer: \_\_\_\_\_  Lift Test
  - 10 Panel Lab Based  Audiogram
  - Urine Collection Only**
  - Breath Alcohol Test  TB Mantoux
- DER: \_\_\_\_\_ Phone: \_\_\_\_\_

**INJURY TREATMENT**

Follow Company Protocol

- Initial Injury Care
  - Urine Drug Screen:**  5 Panel Daycare  10 Panel Rapid  Breath Alcohol Test
  - 5 Panel Lab Based  10 Panel Lab Based
- DER: \_\_\_\_\_ Phone: \_\_\_\_\_

**POST-ACCIDENT (NON-INJURY/PROPERTY DAMAGE)**

DOT  Non-DOT  Follow Company Protocol

- Urine Drug Screen:**  5 Panel Daycare  10 Panel Rapid  Breath Alcohol Test
  - 5 Panel Lab Based  10 Panel Lab Based
- DER: \_\_\_\_\_ Phone: \_\_\_\_\_

**REASONABLE SUSPICION / PROBABLE CAUSE**

DOT  Non-DOT  Follow Company Protocol

- Urine Drug Screen:**  5 Panel Daycare  10 Panel Rapid  Breath Alcohol Test
  - 5 Panel Lab Based  10 Panel Lab Based
- DER: \_\_\_\_\_ Phone: \_\_\_\_\_

**RANDOM SERVICES**

DOT  Non-DOT  Follow Company Protocol

- Urine Drug Screen:**  5 Panel Daycare  10 Panel Rapid  Breath Alcohol Test
  - 5 Panel Lab Based  10 Panel Lab Based
- DER: \_\_\_\_\_ Phone: \_\_\_\_\_

**ANNUAL SERVICES / SCREENING**

Follow Company Protocol

- TB  Flu  Audiogram  Respiratory Physical/OSHA Clearance
- Vision Exam Specify: \_\_\_\_\_  Titer: \_\_\_\_\_

**RETURN TO WORK SERVICES**

Follow Company Protocol

- Work Ability Exam  Lift Test Must be accompanied by job description

**OTHER**

Please list:

Services will be delivered per boxes checked above.

**Authorized By:**  
 (print first/last name) \_\_\_\_\_ (signature) \_\_\_\_\_ (date) \_\_\_\_\_

**Authorization Expires On:** (date) \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **After Hours Phone Number:** \_\_\_\_\_