



6450 FOLSOM DRIVE
BEAUMONT, TX 77706
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Fax 409-923-1276

8525 9TH AVENUE
PORT ARTHUR, TX 77642
Ph. 409-923-1211
Fax 409-344-9256

Date: _____

Authorization for Examination and Treatment

Employee Name: _____	SSN: _____
Company Name: _____	Co. Phone: _____
Authorized By: _____	Signature: _____

Billing:

- Employee To Pay At Time of Service
- Employer
- Workers Compensation
- Ins. Co: _____
- Claim# _____

Work Related/ Injury Care:

- Date Of Injury: _____
- Evaluate & Treat
- Light Duty Is Available

Physicals:

- Dot Dot Re-Cert
- Non-Dot Return to Work
- Haz-Mat Benzene
- Asbestos Other _____

Ancillary:

- PFT Fit Test: 3M6000 HM
- 3M7800 FF ScottAV2000 FF
- Drager ScottAV3000 FF
- PA CXR Lumbar 3 view
- Audio EKG
- CBC CMP
- Lipids PSA
- TSH Urinalysis
- Echo/Stress After Hours

Reason:

- Pre-Employment Post Accident
- Random Reasonable Suspicion
- Other _____

Drug Testing:

- Dot Non-Dot
- Disa Dot Disa Non-Dot
- Instant Collection Only
- Hair Collection Disa Hair
- Other _____

Breath Alcohol:

- Dot Non-Dot
- Disa Dot Disa Non-Dot

Immunizations:

- Hepatitis B TB
- Tetanus Flu Shot
- Tdap Other _____

Special

Instructions/ Other Testing: _____
