

Occupational Medicine
3838 12th Ave. N.
Fargo, ND 58102
(P) (701) 234-4700
(F) (701) 234-4757

Authorization for Examination or Treatment

EMPLOYER is to mark all services required.

Patient Name: **LAST** _____ **FIRST** _____ **MI** _____
DOB: ____ / ____ / ____ Date of Injury: ____ / ____ / ____

Company

Name: _____
Address: _____
City _____ State _____ Zip _____

Work Related

_____ Injury _____ Illness

*Please indicate in Substance Abuse Testing section if drug AND/OR alcohol screen is required post accident.



INJURY/SCREENING INFORMATION

Physical Examination:

Select One:

DOT Medical Card Exam

- _____ Preplacement Physical*
- _____ Recertification Physical

* If Drug Screen is also required please mark right side

Exam

- _____ Preplacement Job Title _____ →
- _____ Annual / Periodic
- _____ Other: _____

Special Exam

- _____ Asbestos
- _____ Respirator
- _____ Medical Surveillance

Additional Testing

- _____ Audiogram
- _____ HPE
- _____ Pulmonary Function Test
- _____ Respirator Fit Test
- _____ SFT
- _____ TB / Mantoux Test / PPD
- _____ Other: _____

Substance Abuse Testing (Drug test)

***(Photo ID Required)**

Select One:

Reason for Screen:

- _____ Annual
- _____ Follow-up (Non-Regulated)
- _____ Follow-up - DOT (Observation required)
- _____ Insurance
- _____ Post accident/injury
- _____ Pre-employment
- _____ Random
- _____ Reasonable suspicion
- _____ Return to Duty (Non-Regulated)
- _____ Return to Duty - DOT (Observation required)

Select One:

Drug Screen Type:

- _____ DOT Urine Drug Screen (Regulated)
- FMCSA FAA FRA FTA PHMSA USCG
- _____ Non-Regulated Urine Drug Screen
- _____ Non-Regulated Urine Rapid Screen
- _____ Hair Collection

Alcohol Screen Type:

- _____ DOT Breath (Regulated)
- _____ Non-Regulated Breath
- _____ Non-Regulated Blood

Billing Information (select one):

- _____ Bill Company _____ Third Party Administrator _____
- _____ Employee to pay charges _____ Worker's Comp _____

Special Instructions: _____

Authorized by: _____
(MUST BE SIGNED)

Phone: _____ Date: _____ Time: _____

