



337 Stewart Rd P: 734-243-3200 F: 734-243-3202  
Monroe, MI 48162

Account # \_\_\_\_\_

### Authorization for Examination or Treatment

(Patient MUST Present Photo ID at Time of Service)

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Work Related

\_\_\_ Injury \_\_\_ Illness

Date of Injury: \_\_\_\_\_ Claim # \_\_\_\_\_

\_\_\_ Evaluate and Treatment by Physician for Post Accident

#### Physical Examination

\_\_\_ Pre-Employment \_\_\_ Annual

#### DOT Physical Examination

\_\_\_ Pre-Employment \_\_\_ Re-Certification

#### Substance Abuse Testing \*(Check all that apply)

\_\_\_ 5 Panel Hair DS \_\_\_ 9 Panel Hair DS

\_\_\_ 5 Panel Hair w/ OPI DS \_\_\_ DOT Drug Screen

\_\_\_ 5 Panel Urine DS \_\_\_ DOT Breath Alcohol

\_\_\_ 10 Panel Urine DS \_\_\_ Non-DOT Breath Alcohol

\_\_\_ Rapid Urine DS \_\_\_ 9 Panel Urine DS

\_\_\_ Urine Collection \_\_\_ Hair Collection

#### Other Services

\_\_\_ TB Test \_\_\_ Tetanus Injection(TD)

\_\_\_ Chest X-Ray \_\_\_ Lumbar Spine X-Ray

\_\_\_ EKG \_\_\_ Urinalysis (dipstick)

\_\_\_ PFT \_\_\_ Flu Shot

#### Billing (please check one below)

\_\_\_ Employee to pay Charges

\_\_\_ Employer to pay Charges (fill out below)

\_\_\_ Work Comp Insurance pay Charges (fill out below)

#### Type of Substance Abuse Testing

\_\_\_ Pre-Employment \_\_\_ Reasonable Cause

\_\_\_ Post Accident \_\_\_ Random

\_\_\_ Follow Up

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Special Instructions/Comments \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX RESULTS TO: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\*Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* This form can be faxed to 734-243-3202 or Sent with the Employee\*\***