



# AUTHORIZATION FOR TREATMENT

COMPANY NAME \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

## HOW WILL TODAY'S VISIT BE BILLED?

- WORK-COMP(WC)                       EMPLOYER PAID SERVICES(EPS)

## SUBSTANCE ABUSE TESTING:

- 5 PANEL DOT                               5 PANEL NON-DOT  
 10 PANEL NON-DOT                       BREATH ALCOHOL: DOT/NON-DOT

## REASON FOR SUBSTANCE ABUSE TESTING:

- PRE-EMPLOYMENT                       POST-ACCIDENT  
 RANDOM                                       REASONABLE SUSPICION  
 RETURN TO DUTY                       FOLLOW-UP

## PHYSICAL EXAMINATION:

- PRE-EMPLOYMENT                       ANNUAL  
 NEW DOT                                       DOT RECERT

ADDITIONAL INSTRUCTIONS/COMMENTS: \_\_\_\_\_

**AUTHORIZED BY:**

PRINTED NAME

SIGNATURE

DATE