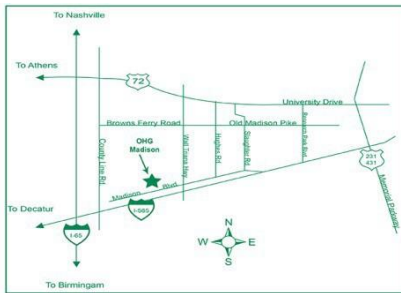
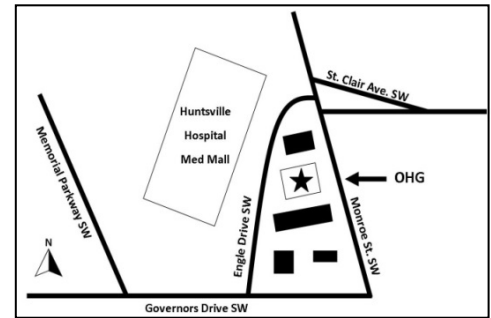


## Treatment Authorization

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Authorized for Treatment by: \_\_\_\_\_ Print Name: \_\_\_\_\_

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> <u>Workers' Compensation Injury</u><br/>       Include: <input type="checkbox"/> Drug Screen <input type="checkbox"/> EBT (Evidential Breath Test)<br/> <b>DRUG SCREENS MUST BE AT THE CLINIC NO LATER THAN 4:00 P.M.</b></p> <p><input type="checkbox"/> Pre-Employment Drug Screen<br/> <input type="checkbox"/> Rapid: 5 _____ 10 _____<br/> <input type="checkbox"/> Federal DOT <input type="checkbox"/> Non-Federal: 5 _____ 8 _____ 10 _____</p> <p><input type="checkbox"/> Federal /Non-Federal Drug Screening (<b>select Test &amp; Reason</b>)<br/> <b>Test:</b><br/> <input type="checkbox"/> Federal DOT <input type="checkbox"/> Non-Federal: 5 _____ 8 _____ 10 _____<br/> <input type="checkbox"/> Hair Test</p> <p><b>Reason:</b><br/> <input type="checkbox"/> For Cause Drug Screen<br/> <input type="checkbox"/> Random Drug Screen<br/> <input type="checkbox"/> Follow-Up Drug Screen<br/> <input type="checkbox"/> Return to Duty Drug Screen<br/> <input type="checkbox"/> Post Accident Drug Screen</p> <p><input type="checkbox"/> EBT (Evidential Breath Test) <input type="checkbox"/> Federal <input type="checkbox"/> Non-Federal</p> | <p><input type="checkbox"/> Pre-Employment Physical<br/> <input type="checkbox"/> DOT Physical<br/> <input type="checkbox"/> Annual Physical<br/> <input type="checkbox"/> Respirator Physical<br/>       Include: <input type="checkbox"/> Pulmonary Function Test (PFT)</p> <p><input type="checkbox"/> Respirator Review and Clearance<br/>       Include: <input type="checkbox"/> Pulmonary Function Test (PFT)</p> <p><input type="checkbox"/> Return to Duty Physical<br/> <input type="checkbox"/> Fit for Duty Physical<br/> <input type="checkbox"/> TB Skin Test<br/> <input type="checkbox"/> Respirator Fit Test<br/> <input type="checkbox"/> Audiogram<br/> <input type="checkbox"/> Other _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Huntsville**  
1104 Monroe Street SW  
Huntsville, AL 35801  
256-265-7000  
M - Th 7a - 5:30p  
Friday 7a - 5p



**Madison**  
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Building 1, Suite 200  
Madison, AL 35758  
256-265-3285  
M - Th 7:30a - 5:30p  
Friday 7:30a - 5p