

# Medical Authorization Form

Patient Name:	Patient ID/SSN: - -
Company:	Job / P.O.#:
Scheduler Name:	Scheduler #:

**REASON FOR THIS VISIT** *Please check ALL services requested*

Pre-Placement	Random	Reasonable Cause	Recheck
Post Accident	Company Specific Protocol:		

**Physical Examination**

Pre-placement	Lead	Benzene
DOT	Vinyl Chloride	Operator
HAZWOPER	Asbestos	Other:

**Ancillary Test**

Audiogram	EKG
Respirator Clearance	Pulmonary Function (PFT)

**Qualitative Fit Testing**

North 7660 FF	North 7700 ½ Face	3M 6000 ½ Face
3M FF 6800	MSA Comfo Classic	MSA Ultraview
Scott AV 2000 FF	Scott AV3000	Other:

**Substance Abuse Testing**

DOT:	Non DOT- Panel:	Instant drug screen:
Breath Alcohol:	Saliva Alcohol:	Hair collection:
Please write next to each service if it is DISA or NASAP testing ( <i>if applicable</i> )		

**Injury Treatment**

**Laboratory Test**

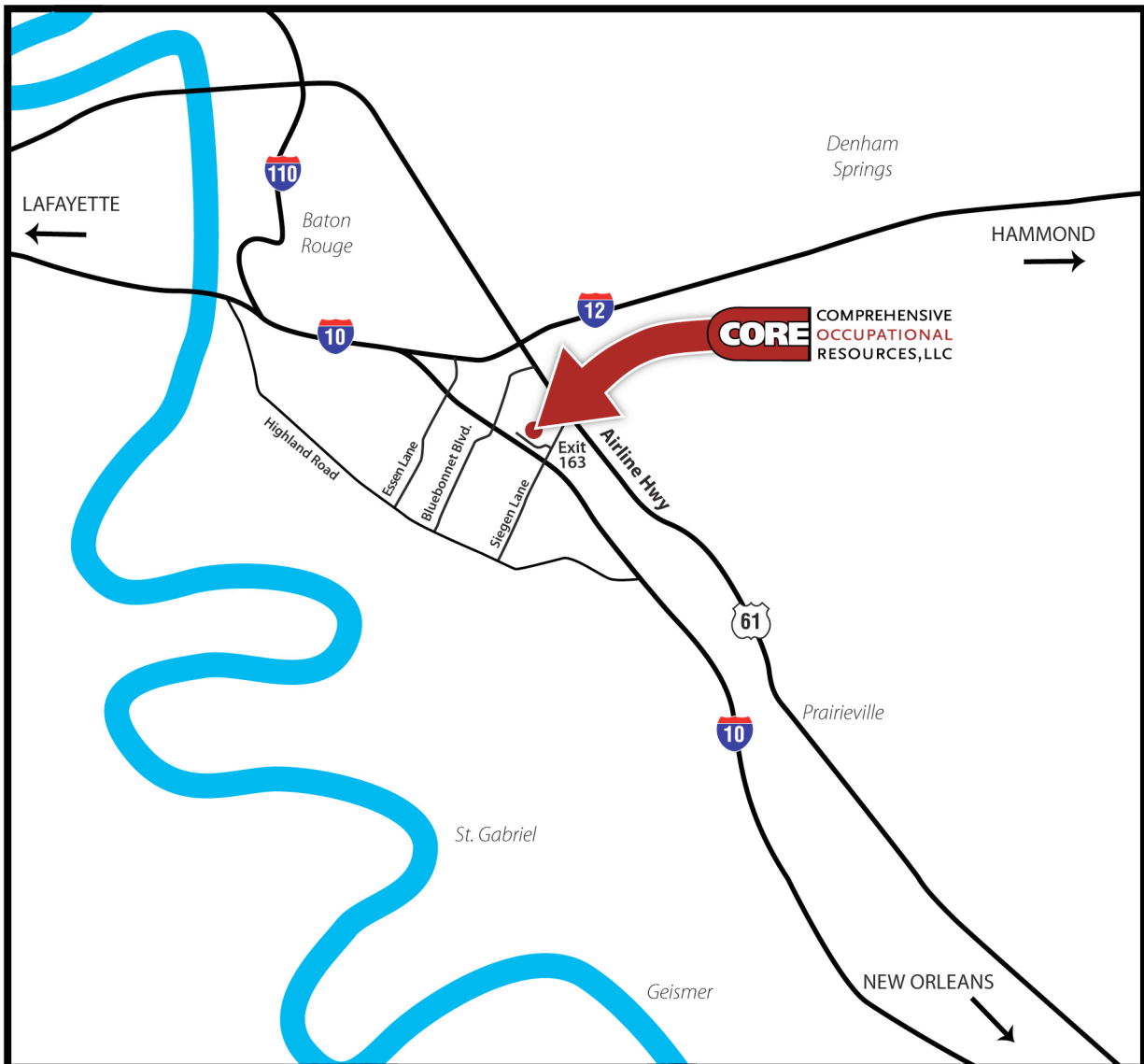
**Chest X-Ray**

Workmen's Comp.	Lead / ZPP (blood)	1 View
Gen. Liability	CBC / Industrial Chemistry	2 View B reader

**Injections**

Flu Vaccine	Hepatitis B	Tetanus Shot
TB Skin Test	Other:	

AUTHORIZED BY: \_\_\_\_\_ Contact Phone: \_\_\_\_\_



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Google maps



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**CORE**

**phone: 225.756.2673**

**10059 N. Reiger Road (Siegen Lane & I-10)**

**Traveling West on I-10: Exit #163 Siegen Lane, Exit Right; 1<sup>st</sup> light take left on N. Reiger Road (between McDonalds & Racetrac)**