



**AUTHORIZATION  
FOR SERVICES**

Employee / Applicant: \_\_\_\_\_

Corporate Bill

Company Name: \_\_\_\_\_

Self Pay

Company Address: \_\_\_\_\_

Worker's Compensation	Urine Drug/Alcohol Screening *	Exams
<input type="checkbox"/> Injury Treatment	<b>Reason for test</b> <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up Observed Collection ** Yes _____ No _____	<input type="checkbox"/> Physical Exam
<input type="checkbox"/> Post Accident Drug Screen		<input type="checkbox"/> Annual/Periodic
<input type="checkbox"/> DOT		<input type="checkbox"/> Pre-employment
<input type="checkbox"/> Florida DFWP		<input type="checkbox"/> DOT Physical Exam
<input type="checkbox"/> Non-regulated		<input type="checkbox"/> Annual/Periodic
<input type="checkbox"/> Post Accident Alcohol Testing		<input type="checkbox"/> Pre-employment
<input type="checkbox"/> DOT Breath Alcohol		<input type="checkbox"/> Respiratory Physical
<input type="checkbox"/> Florida DFWP Blood Alcohol		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Non-regulated		
<input type="checkbox"/> Breath		Urine Drug Screens *
<input type="checkbox"/> Blood	<input type="checkbox"/> Collection only	<input type="checkbox"/> Spirometry - Pulmonary Function
<i>NOTE: DOT post-accident testing requires breath alcohol. DFWP requires blood</i>	<input type="checkbox"/> Forms/kits on file in center	<input type="checkbox"/> Audiometry
	<input type="checkbox"/> Employee will bring in form/kit	<input type="checkbox"/> Titmus
	<input type="checkbox"/> Florida Drug Free Workplace	<input type="checkbox"/> Back X-ray
<b>Prescription Dispensing Program:</b>	<input type="checkbox"/> 5 Panel	<input type="checkbox"/> Chest X-ray
May we fill	<input type="checkbox"/> 8 Panel	<input type="checkbox"/> PPD - TB Screening
W/C Prescriptions on-site? <input type="checkbox"/> Yes	<input type="checkbox"/> 10 Panel	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No	<input type="checkbox"/> DOT Drug Screen	
	<input type="checkbox"/> Non-regulated Drug Screen	
Alcohol Testing *	Additional Notes/Comments:	
<input type="checkbox"/> DOT Breath Alcohol Test		<i>* Requires Photo Identification</i>
<input type="checkbox"/> Non-DOT Breath Alcohol Test		<i>** Observed specimen collections require supporting documentation and can only be ordered under specific conditons</i>
<input type="checkbox"/> DFWP Blood Alcohol		
<input type="checkbox"/> Non-Regulated Blood Alcohol		

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Auth From: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_