



Occupational Medicine Authorization Form

Reddy Urgent Care Centers

Tel: (706) 621-7575

Applicant/Donor Information

This form is to introduce and authorize the individual named below for the following services:

Employee/Applicant name: _____ Date of Birth: _____

Company Employee is presenting for: _____

Company Address: _____

Company representative authorizing services: _____

Services Authorized

Substance Testing:

- ☐ Urine Specimen Collection Only
 - ☐ DOT ☐ Non-DOT
- ☐ Urine Drug Test resulted in-house
 - ☐ DOT ☐ Non-DOT
 - ☐ 5 Panel ☐ Rapid
 - ☐ 7 Panel
 - ☐ 9 Panel
 - ☐ 10 Panel ☐ Rapid
- ☐ Breath Alcohol Test
 - ☐ DOT ☐ Non-DOT
- ☐ Hair Specimen Collection Only
- ☐ Hair Test resulted in-house
 - ☐ 5 Panel ☐ 5 Panel + exp. opiates

Reason for test:

- ☐ Pre-Employment
- ☐ Post-Accident
- ☐ Random
- ☐ For Cause/Reasonable Suspicion
- ☐ Follow Up
- ☐ Return to Duty
- ☐ Other: _____

Please send results via:

- ☐ Mail to: _____

- ☐ Secure Fax to: _____

Provider Services:

- ☐ New DOT Exam
- ☐ Recert DOT Exam
- ☐ Basic Pre-Placement Exam
- ☐ Annual Employee Exam
- ☐ Respirator Clearance Exam*
- ☐ School Bus Driver Exam
- ☐ Work Comp Initial Exam
- ☐ Work Comp Follow Up Exam
- ☐ Return to Work Exam

Screenings and Immunizations:

- ☐ TB Test
 - ☐ 1 Step ☐ 2 Step
- ☐ Spirometry *
- ☐ EKG
- ☐ Audiogram
- ☐ Respirator Fit Test
- ☐ MMR Titer
- ☐ Varicella Titer
- ☐ Hep B Titer
- ☐ Chest X Ray ☐ B Read Required

*available at select locations only

Bill Services To:

- ☐ Company directly
- ☐ TPA: _____
- ☐ WC Carrier: _____
- ☐ Employee Pays at Time of Service

Company Representative Signature