

Authorization for Medical Services Form

PHOTO ID REQUIRED

AFTER HOURS DRUG SCREENS
 Hurley Med Ctr. Emergency Dept.
Pager Alert if Drug or Alcohol Screen is needed
Post-Accident: 810-972-3399

Company Name: Central State Community Services
 Patient Name: _____
 Authorized By: Kari Conner, HR Manager

Date: *K. Conner*
 Employer Telephone #: (989) 631-6691
 Authorizing Signature: _____

Injury Care	
Injury	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Treatment/Evaluation</p> <input type="checkbox"/> Work-comp injury and follow-up care <input type="checkbox"/> Drug Screen with initial visit <input type="checkbox"/> Breath Alcohol Test </div> <div style="width: 45%;"> <p>Authorization For Work-Comp Services</p> <input type="checkbox"/> I authorize services for every visit necessary for this injury <input type="checkbox"/> I would like to authorize the first visit only </div> </div>
Non-DOT Procedures DOT Procedures	
Physical Exams	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Physical Examination</p> <input checked="" type="checkbox"/> Post Offer/Pre-employment <input type="checkbox"/> Silica <input type="checkbox"/> Return to Work <input type="checkbox"/> MCOLES <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Respiratory <input type="checkbox"/> Other: _____ </div> <div style="width: 45%;"> <p>Physical Examination</p> <input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up </div> </div>
NON-DOT Substance Abuse Testing DOT	
Drug Tests	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Drug Test-Type (Must check one & circle the panel type)</p> <input type="checkbox"/> Urine Drug Screen (circle panel type) <input type="checkbox"/> MCOLES 4 5 6 10 <input type="checkbox"/> Breath Alcohol (BAT) <input type="checkbox"/> Rapid Drug Screen (circle panel type) <input type="checkbox"/> Other: _____ 6 11 12 Nicotine <input type="checkbox"/> Hair Drug Screen (circle panel type) 4 5 10 <input type="checkbox"/> Collect Only Drug Screen (circle type) Urine Hair </div> <div style="width: 45%;"> <p>Drug Test-Federally Mandated (Must check one)</p> <input type="checkbox"/> Urine-DOT Panel <input type="checkbox"/> Urine-DOT-Collect Only <input type="checkbox"/> Breath Alcohol-DOT (BAT) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Reason for Drug Test (Must check one)</p> <input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Work <input type="checkbox"/> Random <input type="checkbox"/> Follow-Up <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Other: _____ <input type="checkbox"/> Post-accident </div> <div style="width: 45%;"> <p>Reason for Drug Test (Must check one)</p> <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post-accident <input type="checkbox"/> Return to Work <input type="checkbox"/> Follow-Up <input type="checkbox"/> Other: _____ </div> </div>
Other/Special Exams	
Other	<input type="checkbox"/> Hepatitis A Services <input type="checkbox"/> Respiratory Questionnaire <input checked="" type="checkbox"/> TB Test: Type: _____ <input type="checkbox"/> Hepatitis B Services <input type="checkbox"/> Pulmonary Function Test <input type="checkbox"/> X-Ray: Type: _____ <input type="checkbox"/> Audiogram <input type="checkbox"/> Respiratory Fit Test <input type="checkbox"/> Return to Work/Fitness for Duty Exam <input type="checkbox"/> Vision Test (please circle type) Titmus Ishihara Snellen Jaeger <input type="checkbox"/> Essential Job Functions Testing (wear tennis shoes) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Lab Tests: _____
Company	<p>Other testing and/or company specific instructions:</p> <hr/> <hr/> <hr/>
Billi	<input type="checkbox"/> Employee to pay charges (check if applicable)
HHS Instructions	<p>Please arrive 30 minutes prior to close PHYSICAL EXAM: Please bring your glasses or contacts URINE DRUG SCREEN: Do not urinate prior to arrival PULMONARY FUNCTION TEST: Do not eat, use an inhaler, or smoke for one hour prior to arrival</p>