

### 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: \_\_\_\_\_  
 Employer Telephone #: (989) 631-6691  
 Authorizing Signature: *Kari Conner*

Injury Care		
<b>Injury</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Treatment/Evaluation</b></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><b>Authorization For Work-Comp Services</b></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		
<b>Physical Exams</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Physical Examination</b></p> <input 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><b>DOT Procedures</b></p> <p><b>Physical Examination</b></p> <input type="checkbox"/> New  <input type="checkbox"/> Recertification  <input type="checkbox"/> Follow-up         </div> </div>	
NON-DOT	Substance Abuse Testing	DOT
<b>Drug Tests</b>	<p><b>Drug Test-Type (Must check one &amp; circle the panel type)</b></p> <input type="checkbox"/> Urine Drug Screen (circle panel type) 4 5 6 10 <input type="checkbox"/> MCOLES <input type="checkbox"/> Rapid Drug Screen (circle panel type) 6 11 12 Nicotine <input type="checkbox"/> Breath Alcohol (BAT) <input type="checkbox"/> Hair Drug Screen (circle panel type) 4 5 10 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Collect Only Drug Screen (circle type) Urine Hair <p><b>Reason for Drug Test (Must check one)</b></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	<p><b>Drug Test-Federally Mandated (Must check one)</b></p> <input type="checkbox"/> Urine-DOT Panel <input type="checkbox"/> Urine-DOT-Collect Only <input type="checkbox"/> Breath Alcohol-DOT (BAT) <p><b>Reason for Drug Test (Must check one)</b></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: _____
Other/Special Exams		
<b>Other</b>	<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: _____	
<b>Company</b>	<p><b>Other testing and/or company specific instructions:</b></p> <hr/> <hr/> <hr/>	
<b>Billi</b>	<input type="checkbox"/> Employee to pay charges (check if applicable)	
<b>HHS Instructions</b>	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	