



SERVICE AUTHORIZATION FORM

1500 Provident Drive, Suite A Warsaw, IN 46580
p 574.372.7637 | f 574.372.7689

107 W. Pickwick Drive, Suite A Syracuse, IN 46567
p 574.457.8682 | f 574.457.8686

1001 N Main Street, Suite 1, Nappanee, IN 46550
p 574.773.2509 | f 574.773.2512

Employer: _____ Phone: _____

Patient: _____ Date: _____

THIS PATIENT IS AN EMPLOYEE OF OUR COMPANY AND REQUIRES THE FOLLOWING SERVICE(S):

- | | | |
|---|---|---|
| <input type="checkbox"/> Injury Care | <input type="checkbox"/> 10-Panel Rapid Drug Screen | <input type="checkbox"/> Post-Offer Physical |
| <input type="checkbox"/> Re-check / Re-evaluation | <input type="checkbox"/> 10-Panel Drug Screen | <input type="checkbox"/> Respirator Physical |
| <input type="checkbox"/> Injury Care with Drug / Alcohol Screen | <input type="checkbox"/> 10-Panel Drug and Urine Alcohol | <input type="checkbox"/> CDL/DOT Physical (to be scheduled) |
| <input type="checkbox"/> Mantoux (TB Test) | <input type="checkbox"/> DOT Drug Screen | <input type="checkbox"/> Hepatitis B Vaccine |
| <input type="checkbox"/> Breath Alcohol Screen | <input type="checkbox"/> 5-Panel Non-DOT Drug Screen | <input type="checkbox"/> Hepatitis B Titer |
| <input type="checkbox"/> 5 Panel Hair Drug Screen | <input type="checkbox"/> 5-Panel Rapid Drug Screen | <input type="checkbox"/> MMR / Varicella Titers |
| <input type="checkbox"/> Collect Only Drug Screen | <input type="checkbox"/> K2 Test / <input type="checkbox"/> Bath Salt | <input type="checkbox"/> Audiogram/Hearing Test |
- FIT Test (to be scheduled with Tabitha)

Photo ID required for all Drug and Alcohol Testing

Special Instructions: _____

Authorized by: _____ Authorization good through: _____