

# Patient Treatment Authorization Form

Treatment Authorized by \_\_\_\_\_

Does employee work for a temporary staffing company? \_\_\_\_\_

If so, what staffing company? \_\_\_\_\_

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

Department/Location (if applicable) \_\_\_\_\_

Company contact for results and/or physician to call \_\_\_\_\_

Communication preference (check all that apply)  phone  mail  fax

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing address (only if different than above) \_\_\_\_\_

Company or WC Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If billing to carrier, policy # \_\_\_\_\_ Effective Dates \_\_\_\_\_



3799 12th Street Extension, Suite 110  
Cayce, SC 29033  
(803) 755-3337 • FAX: (803) 955-2225



Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Injury/Accident**

Date of Injury \_\_\_\_\_

Date Employee Last Worked \_\_\_\_\_

Injured Body Part \_\_\_\_\_

Occurred at \_\_\_\_\_

Claim # \_\_\_\_\_

**Return-to-Work Evaluation**

Notes and release from patient's treating physician are required.

**Physical Exam**

\_\_\_ Basic (Non-DOT)

\_\_\_ DOT

\_\_\_ Respirator

\_\_\_ Other \_\_\_\_\_

**Pre-placement**

\_\_\_ Basic (Non-DOT)

\_\_\_ DOT

\_\_\_ Respirator

\_\_\_ Other \_\_\_\_\_

**Recertification**

\_\_\_ Basic (Non-DOT)

\_\_\_ DOT

\_\_\_ Respirator

\_\_\_ Other \_\_\_\_\_

**Other Services**

\_\_\_ TB Skin Test/PPD

\_\_\_ Hepatitis B Vaccine

\_\_\_ Audiogram

\_\_\_ Other \_\_\_\_\_

**Non-DOT Drug and/or Alcohol Testing\***

\_\_\_ Breath Alcohol Test

\_\_\_ 5-panel hair drug screen

\_\_\_ 5-panel instant urine drug screen

\_\_\_ 5-panel urine drug screen

\_\_\_ 5-panel collection only urine drug screen  
*use company's paperwork, set up directly with lab*

\_\_\_ 7-panel urine drug screen

\_\_\_ 7-panel collection only urine drug screen  
*use company's paperwork, set up directly with lab*

\_\_\_ 9-panel urine drug screen

\_\_\_ 9-panel collection only urine drug screen  
*use company's paperwork, set up directly with lab*

\_\_\_ 10-panel urine drug screen

\_\_\_ 10-panel collection only urine drug screen  
*use company's paperwork, set up directly with lab*

**DOT Drug and/or Alcohol Testing\***

\_\_\_ 5-panel urine drug screen

\_\_\_ 5-panel collection only urine drug screen

\_\_\_ Breath Alcohol Test

**Reason for Drug and/or Alcohol Testing**

\_\_\_ Pre-placement

\_\_\_ Random

\_\_\_ Post-accident

\_\_\_ Post-injury

\_\_\_ Return-to-duty

\_\_\_ Follow-up

\_\_\_ Reasonable Suspicion

\_\_\_ Other \_\_\_\_\_

