



Huntsville
 1963 Memorial Pkwy.
 Suite 24
 Huntsville, AL 35801
 256/265-7000

Madison
 9238 Madison Blvd.
 Building 1, Suite 200
 Madison, AL 35758
 256/265-3285

Decatur
 1615 Kathy Lane, SW
 Decatur, AL 35603
 256/973-4325

Treatment Authorization

Patient's Name _____

Date _____

Company: _____

Phone: _____

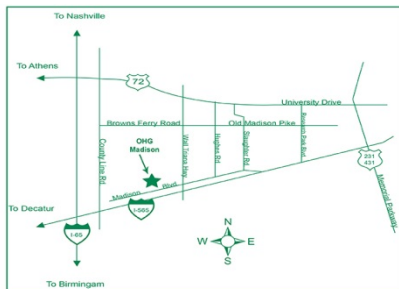
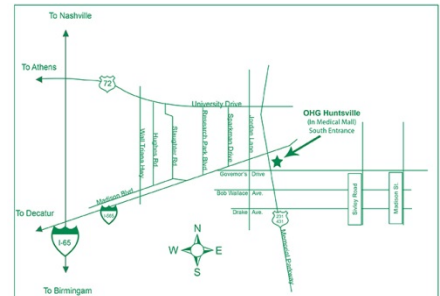
Authorized for Treatment by: _____

Print Name: _____

- Workers' Compensation Injury
 Include: Drug Screen EBT (Evidential Breath Test)
- DRUG SCREENS MUST BE AT THE CLINIC NO LATER THAN 4:00 P.M.**
- Pre-Employment Drug Screen
 Rapid: 7 _____ 8 _____ 10 _____
 Federal DOT Non-Federal: 5 _____ 8 _____ 10 _____
- Federal /Non-Federal Drug Screening (**select Test & Reason**)
Test:
 Federal DOT Non-Federal: 5 _____ 8 _____ 10 _____
 Hair Test
- Reason:**
 For Cause Drug Screen
 Random Drug Screen
 Follow-Up Drug Screen
 Return to Duty Drug Screen
 Post Accident Drug Screen
- EBT (Evidential Breath Test) Federal Non-Federal

- Pre-Employment Physical
 DOT Physical
 Annual Physical
 Respirator Physical
 Include: Pulmonary Function Test (PFT)
- Respirator Review and Clearance
 Include: Pulmonary Function Test (PFT)
- Return to Duty Physical
 Fit for Duty Physical
 TB Skin Test
 Respirator Fit Test
 Audiogram
 Other _____

Huntsville
 1963 Memorial Parkway, SW
 Huntsville, AL 35801
 256-265-7000
 M-Th 7a-5:30p
 F 7a-5p



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 9238 Madison Boulevard
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