



Occupational Health Medical Treatment Authorization Form (PHYSICALS)

DIRECTIONS: Complete all Sections A - D Entirely
(Only services marked on this form will be completed)

**** ALL services require photo identification to be provided by employee at time of service.**

This is authorization to provide medical services to: _____
(Print Patient Name Above)

DOB: _____ SSN: _____

Section A: Employer Information	Section B: Physical Examination	Section C: Urine Drug / Alcohol Tests
Employer Name:	Donor will bring Physical Exam Form <input type="radio"/> YES <input type="radio"/> NO	Urine Drug Screens <input type="radio"/> Collection Only / Donor will bring COC Florida Drug Free Workplace <input type="radio"/> 5 Panel HRS <input type="radio"/> 8 Panel HRS <input type="radio"/> 10 Panel HRS DOT <input type="radio"/> DOT / NIDA Alcohol Testing (LKE, APL, NTH & MHN ONLY) <input type="radio"/> DOT Breath Alcohol Test <input type="radio"/> Non - DOT Breath Alcohol Test Additional Comments / Notes:
Address:	<input type="radio"/> Physical Exam <input type="radio"/> OSHA Respiratory Physical (Pulmonary Function & Exam) <input type="radio"/> OSHA Respiratory Clearance (Pulmonary Function and Questioner only)	
Phone #	Vaccinations	
Fax #	<input type="checkbox"/> PPD TB - Screening <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Tetanus <input type="checkbox"/> Flu Shot	
Third Party Administrator	Ancillary Services	
Name:	<input type="checkbox"/> Spirometry - Pulmonary Function <input type="checkbox"/> Audiometry <input type="checkbox"/> Vision Test - Keystoneton <input type="checkbox"/> Chest X-Ray - PA Only <input type="checkbox"/> Chest X-Ray - PA and LAT <input type="checkbox"/> Electrocardiogram (EKG) <input type="checkbox"/> Complete Blood Count <input type="checkbox"/> Mercury <input type="checkbox"/> Lead / ZPP	
Address:		
Phone #		
Fax #		
Section D: Authorization Information		
Print Name of Authorizer:	Authorizer Signature: _____	Phone #
	Title: _____	Date:
Fax or Mail results to:	Billing: Please mark responsible billing party <input type="radio"/> Bill Employer <input type="radio"/> Bill Third Party Administrator	For Patients First Use Only: Phone Auth received by: Date & Time:

December 7, 2017

Patients First Fax Numbers:
Lake Ella -- 850-385-6838
Kerry Forest -- 850-668-3226
Raymond Diehl -- 850-701-0885

Parkway -- 850-681-2848
Mahan -- 850-656-1391
Appleyard -- 850-576-8153

North Monroe -- 850-562-4460