



3900 E Wadsworth Blvd, Ste 325

Lakewood, CO 80234

P: 303-634-2970 F: 303-634-2976

Authorization for Treatment

Employer _____ Date _____

Address _____

Phone Number _____ Fax Number _____

Patient's Name _____

Supervisor's Name _____

EMPLOYMENT PHYSICALS

- DOT Physical History & Physical Guard Physical
 Respirator Physical Hazmat Physical Other Services: _____

DRUG & ALCOHOL TESTS (please mark test type and reason for test)

- Rapid 5-Panel DOT 5- Panel eScreen
 Rapid 11-Panel Standard 5-Panel Other Services: _____

MEDICAL TREATMENT

On the Job Injury/ Illness? Yes No Date of Injury _____

Area of Body Injured _____

Worker's Compensation Insurance _____

Comments _____

Authorized By: _____ Title: _____