



Treatment Authorization

Patient's Name: _____

Date: _____

Company: _____

Phone: _____

Authorized for treatment by: _____

Print Name: _____

Worker's Compensation Injury

Include: Drug Screen EBT (Evidential Breath Test)

DRUG SCREENS MUST BE AT THE CLINIC NO LATER THAN 4:00 PM

Pre-Employment Drug Screen

Rapid: 5 _____ 10 _____

Federal DOT Non-Federal 5 _____ 10 _____

Federal/Non-Federal Drug Screening (select test and reason)

Test:

Federal DOT Non-Federal 5 _____ 10 _____

Hair Test

Reason:

For cause drug screen

Random drug screen

Follow-up drug screen

Return to duty drug screen

Post-accident drug screen

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 _____

EBT (Evidential Breath Test) Federal Non-Federal

1874 Beltline Road SW

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Decatur Morgan Hospital, Parkway Campus

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Fax - 256.973.4329

Monday - Friday : 7:30 AM - 5:00 PM