

AUTHORIZATION FOR SERVICES

Employee / Applicant:		X Corporate Bill
Company Name:		Self Pay
Company Address:		
Workers' Compensation	Urine Drug/Alcohol Screening *	Exams
Injury Treatment	Reason for test	Physical Exam
Post Accident Drug Screen	Pre-employment	Annual/Periodic
DOT	Random	Pre-employment
Florida DFWP	Reasonable Cause	DOT Physical Exam
Non-regulated	Post Accident	Annual/Periodic
Post Accident Alcohol Testing	Return to Duty	Pre-employment
DOT Breath Alcohol	Follow-up	Respiratory Physical
Florida DFWP Blood Alcohol	Observed Collection ** YesNo	Other:
Non-regulated		Osha Questionnaire
Breath	Urine Drug Screens *	Occupational Testing
Blood	Collection only	Spirometry - Pulmonary Function
NOTE: DOT post-accident testing requires breath	Forms/kits on file in center	Audiometry
alcohol. DFWP requires blood	Employee will bring in form/kit	Titmus
	Florida Drug Free Workplace	Flu Shot
Prescription Dispensing Program:	5 Panel	PPD - TB Screening
May we fill	8 Panel	Hep Screening (HBSAB)
W/C Prescriptions on-site?	10 Panel	Hepatitis B Vaccine
No	DOT/FAA Drug Screen	EKG
	Hair Drug Screen	OTHER:
Alcohol Testing *		
DOT Breath Alcohol Test	Additional Notes/Comments:	* Requires Photo Identification
Non-DOT Breath Alcohol Test		** Observed specimen collections require
DFWP Blood Alcohol		supporting documentation and can only
Non-Regulated Blood Alcohol		be ordered under specific conditions
Authorized by:	Date:	Phone:
Phone Auth From:	Received by:	Date: Time: