

MARTINEZ URGENT CARE

210-A BOBBY JONES EXPRESSWAY

MARTINEZ, GA 30907

OFFICE: 706-855-1755

FACSIMILE: 706-863-2587

FAMILY PRACTICE & OCCUPATIONAL MEDICINE

AUTHORIZATION FORM

Company Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip: _____

Employee Name: _____ Date of Birth: _____

Authorizing Supervisor/Manager: _____

Phone Number: _____ Fax Number: _____

Special Instructions (how you would like to receive results, mail original DOT Physical, observed drug screen, etc.): _____

SERVICE(S) REQUESTED:

<input type="radio"/> DRUG SCREEN	<input type="radio"/> BREATH ALCOHOL	<input type="radio"/> PHYSICAL
<input type="radio"/> DOT (5 Panel) <input type="radio"/> NON (10 Panel) <input type="radio"/> 5 Panel Instant <input type="radio"/> 10 Panel Instant REASON (PLEASE SELECT ONE) <input type="radio"/> Pre-Employment <input type="radio"/> Random <input type="radio"/> Post-Accident <input type="radio"/> Reasonable Suspicion <input type="radio"/> Return to Duty <input type="radio"/> Follow-up <input type="radio"/> Other	<input type="radio"/> DOT <input type="radio"/> NON REASON (PLEASE SELECT ONE) <input type="radio"/> Pre-Employment <input type="radio"/> Random <input type="radio"/> Post-Accident <input type="radio"/> Reasonable Suspicion <input type="radio"/> Return to Duty <input type="radio"/> Follow-up <input type="radio"/> Other	<input type="radio"/> DOT <input type="radio"/> NON <input type="radio"/> OTHER <input type="radio"/> PFT (PULMONARY FUNCTION TEST) <input type="radio"/> AUDIO <input type="radio"/> HEP B SHOT <input type="radio"/> TB SHOT <input type="radio"/> OTHER _____ _____

Please do not hesitate to contact our office if you have any questions or concerns.

Sincerely,

Maggie Brown, Operational Director