



AUTHORIZATION FOR TREATMENT, EXAM OR TESTING

By completing this form, you are authorizing us to perform the services you require and bill for those services. This form also provides vital information regarding what treatment, examination or testing you need for your employees and helps us serve you more effectively. For scheduled appointments, we ask that employees/applicants arrive 15 minutes early to complete paperwork.

Today's date _____
 Patient name _____ Soc. Sec. # _____
 Company _____
 Authorized by: _____ Phone () _____

PHYSICAL EXAM/DRUG TESTING REQUESTS
 Perform the following test:

<input type="checkbox"/> DOT post offer physical exam w/ vision [Snellen]	
<input type="checkbox"/> DOT Recertification physical exam w/ vision [Snellen]	
<input type="checkbox"/> Pre-employment physical exam w/ vision [Snellen]	
<input type="checkbox"/> Fit for duty examination	
<input type="checkbox"/> Drug screen / <i>NOTE REASON</i>	→
<input type="checkbox"/> DOT drug screen / <i>NOTE REASON</i>	→
<input type="checkbox"/> Hair drug screen / <i>NOTE REASON</i>	→
<input type="checkbox"/> Breath Alcohol test / <i>NOTE REASON</i>	→
<input type="checkbox"/> Respirator physical (including mask fit test)	
<input type="checkbox"/> Audiogram	
<input type="checkbox"/> Specific Vision test _____	
<input type="checkbox"/> Other _____	

REASON FOR DRUG SCREEN

<input type="checkbox"/> Post-accident <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Return to work <input type="checkbox"/> Follow up <input type="checkbox"/> KIA Badge
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ACCIDENT/INJURY TREATMENT REQUESTS **DATE OF INJURY:** _____

<input type="checkbox"/> Workers' Comp injury treatment	<input type="checkbox"/> Drug Screen collection only
<input type="checkbox"/> Rapid Drug Screen	<input type="checkbox"/> Hair drug screen
<input type="checkbox"/> DOT drug screen	
<input type="checkbox"/> Breath alcohol test	
<input type="checkbox"/> Other _____	

- All employees or prospective employees **must bring a valid form of picture identification.** (Valid drivers' license, military ID, passport, state identification card, company picture ID)

Notes: _____

THANK YOU!

WellStar Medical Group Occupational Medicine



WellStar Occupational Medicine is located at 100 Glenn Bass Road in LaGrange, Georgia. Glenn Bass Road is off Orchard Hill Road, which runs between Lukken Industrial Drive and Pegasus Parkway. If you are coming to our clinic via Interstate 85 north or south, take Exit 13, which is the Whitesville Road exit. Drive west on Whitesville, which will take you to the Pegasus Parkway intersection. Take a left at Pegasus Parkway and then your first right at Orchard Hill. Glenn Bass Road is approximately $\frac{1}{2}$ mile on your left. The building is on the corner of Orchard Hill and Glenn Bass. Enter Glenn Bass and turn right into our parking lot.

From downtown LaGrange, take Whitesville Road to Pegasus Parkway. Right onto Pegasus, Right onto Orchard Hill, Left onto Glenn Bass.

The clinic is open Monday-Friday from 8 a.m.-5 p.m.

**WellStar Medical Group
Occupational Medicine
100 Glenn Bass Road
LaGrange, GA 30240**

706.845.3075

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