



AUTHORIZATION FOR SERVICES

1000 Brabham Avenue
Jacksonville
910.815.4228
ewilkins2@wilmingtonhealth.com

1202 Medical Center Drive
Wilmington
910.341.1542
occmcd@wilmingtonhealth.com

PATIENT INFORMATION

Patient Name _____ Date of Birth _____

EMPLOYER/ORGANIZATION INFORMATION

Employer/Organization Authorizing Visit _____

Authorizing Contact Name _____ Authorizing Contact Phone _____

PHYSICALS

- DOT Physical
 - Initial
 - Recertification
- General Work Physical
- Fit-for-Duty Physical
- Other _____

DRUG/ALCOHOL SCREENS Pre-Employment Random Post Accident Other _____

- DOT Drug Screen
- Hair Drug Screen
- Non-DOT Drug Screen
- Collection Only
- Rapid Drug Screen
- DOT Breath Alcohol
- Urine Alcohol (Ethyl) 24-48 Hour
- Non-DOT Breath Alcohol
- Urine Alcohol (ETG) 3-4 Days
- Other _____

OTHER SERVICES

- Audio
- EKG
- Pulmonary Function Test
- Respirator Fit Test
- Other _____

LABS

- Executive Panel
- Quantiferon Gold TB
- Hep A Titer
- Hep B Titer
- Other _____

VACCINATIONS

- PPD (TB Test)
- Tdap
- Hep A Vaccine
- Hep B Vaccine
- Flu Vaccine
- Other _____

WORKERS' COMP

Initial Visit Follow-Up Visit WC Insurance _____

WC Ins Adjuster Phone _____ Case/Claim ID _____

ADDITIONAL INFORMATION OR COMMENTS

Employer Authorized Representative Signature _____ Date _____