



# AUTHORIZATION FOR SERVICES

1000 Brabham Avenue  
Jacksonville  
910-815-4228  
occhealthjax@wilmingtonhealth.com

1202 Medical Center Drive  
Wilmington  
910-341-1542  
occmmed@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 \_\_\_\_\_