



AUTHORIZATION FOR SERVICES

1202 Medical Center Drive
Wilmington, NC 28401
910-341-1542

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Revised: [03/25/2026]

PATIENT INFORMATION

Patient Name _____ Date of Birth _____

EMPLOYER/ORGANIZATION INFORMATION

Employer / Organization Authorizing Visit _____

Authorizing Contact Name _____ Authorizing Contact Phone _____

Authorizing Contact Email _____

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

OTHER SERVICES

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

LABS

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

VACCINATIONS

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

WORKERS' COMP

Initial Visit Follow-Up Visit WC Insurance _____

WC Ins Adjuster Phone _____ Case/ Claim ID _____

WC Ins Email _____

ADDITIONAL INFORMATION OR COMMENTS

Employer Authorized Representative Signature _____ Date _____