



Employer's Authorization for Examination and/or Treatment
(Must Present Photo ID at Time of Service)

Patient Name: _____ SSN / ID # : _____

Company: _____ Order Expire Date: _____

Company Address: _____ Co. Phone: _____

Company Contact: _____ Email: _____

Signature: _____ Date: _____

Billing:

- Employee To Pay At Time of Service
- Employer (See Address Above)
- Workers Compensation (Report injury to your Ins. Co.)
- Ins. Co: _____
- Policy #: _____
- Phone #: _____
- Claim #: _____

Drug Testing Only:

- | | |
|---|---|
| ① Test: | ② Reason: |
| <input type="checkbox"/> Urine Drug Test: _____ DOT _____ Non-DOT | <input type="checkbox"/> Post Accident / Injury |
| <input type="checkbox"/> Rapid Urine Drug Check _____ eCup | <input type="checkbox"/> Random Testing |
| <input type="checkbox"/> Breath Alcohol Test | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Hair Analysis | |

Work Related / Injury Care:

Date of Injury: _____

- Evaluate & Treat
- LIGHT DUTY IS AVAILABLE**

Pre-Employment Services:

- Urine Drug Test: _____ DOT _____ Non-DOT
- Rapid Urine Drug Check _____ eCup
- Breath Alcohol Test
- Hair Analysis
- Physicals: _____ DOT _____ DOT Re-Cert. _____ Basic

- Physical Performance Evaluation
(Please Provide Job Description)
- Respirator Fit Testing:
 - Qualitative
 - Quantitative: Mask Type*: _____
- Pulmonary Function Test (PFT) ***(Required)**

(Items in this section may require a Basic Physical)

Return to Work Evaluation _____

Fit for Duty _____ (Physical + Level 3 PPE)
Job Title _____
(Please Provide Job Description)

Special Instructions/Other Testing: _____

- Audiogram - OSHA Conservation
- Blood Testing:

<input type="checkbox"/> CBC	<input type="checkbox"/> CMP	<input type="checkbox"/> LIPID	} Blood Lead _____	
<input type="checkbox"/> ZPP	<input type="checkbox"/> Heavy Metal:			Mercury _____
				Arsenic _____
- TB Skin Test
- X-rays: _____ Chest _____ B-Read
- Vision Testing:
 - Wall Chart
 - J -2
 - Color (Ishihara)
- EKG



YOUR CHOICE FOR WORK INJURY TREATMENT

OFFICE HOURS

Monday - Friday 8:30am - 6:00pm

If There Is A Major Medical Emergency

PLEASE CALL 911

After Hours
Drug Testing
1-866-480-1310
option 2

After Hours
Triage Hotline
1-866-480-1310
option 5



DOWNLOAD OUR APP "NOVAMC"

AVAILABLE FOR IPHONE & ANDROID

- Office Finder
- Wait Times
- Triage Hotline
- Call Direct
- Real Time Report Access

FREE TRANSPORTATION

MINIMAL WAIT TIMES

WALK-INS WELCOME

NO APPOINTMENT NECESSARY



CORPUS CHRISTI

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HOUSTON, TX 11 LOCATIONS	DFW AREA, TX 9 LOCATIONS	SAN ANTONIO, TX 4 LOCATIONS	AUSTIN, TX 2 LOCATIONS
MIDLAND, TX 1 LOCATION	BROWNSVILLE, TX 1 LOCATION	BRYAN, TX 1 LOCATION	WACO, TX 1 LOCATION
EL PASO, TX 1 LOCATION	MCALLEN, TX 1 LOCATION	LUBBOCK, TX 1 LOCATION	HARLINGEN, TX 1 LOCATION
TYLER, TX 1 LOCATION	ATLANTA, GA 2 LOCATIONS	AUGUSTA, GA 1 LOCATION	MARIETTA, GA 1 LOCATION
NORCROSS, GA 1 LOCATION	SAVANNAH, GA 1 LOCATION	MEMPHIS, TN 2 LOCATIONS	CHATTANOOGA, TN 1 LOCATION
	KNOXVILLE, TN 1 LOCATION	INDIANAPOLIS, IN 1 LOCATION	

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