



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)

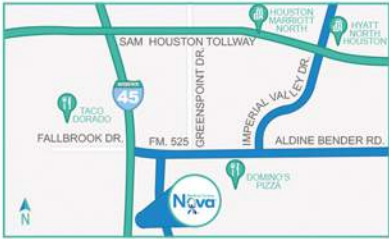
Return to Work Evaluation _____

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

Special Instructions/Other Testing: _____

- Audiogram - OSHA Conservation
- Blood Testing:
 - CBC _____ CMP _____ LIPID _____
 - ZPP _____ Heavy Metal: _____
- TB Skin Test
- X-rays: _____ Chest _____ B-Read
- Vision Testing:
 - Wall Chart _____ J -2 _____ Color (Ishihara)
- EKG

- Blood Lead _____
- Mercury _____
- Arsenic _____
- Cadmium _____
- Chromium _____
- Specific _____



1
GREENSPPOINT
 11120 N. Frwy. Ste. E
 Houston, TX 77037
 Phone: 281-875-1800
 Fax: 281-875-1807



**YOUR CHOICE FOR WORK
 INJURY TREATMENT**



2
EAST
 13469 I-10 E.
 Houston, TX 77015
 Phone: 713-453-7788
 Fax: 713-453-3424

OFFICE HOURS
 Monday - Friday 8:30am - 6:00pm
 SAT (I-10 East Only) 9:00am - 1:00pm
 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

7
HUMBLE
 19333 HWY 59
 N. Ste. 230
 Humble, TX 77338
 Phone: 281-548-2772
 Fax: 281-548-0211



3
CONROE
 1150 N. Loop 336 W.
 Conroe, TX 77301
 Phone: 936-494-3777
 Fax: 936-494-3788

WALK-INS WELCOME **NO APPOINTMENT NECESSARY**

8
MEDICAL CENTER
 9563 S. Main
 Houston, TX 77025
 Phone: 713-400-3232
 Fax: 713-400-3233



4
290 / BELTWAY 8
 14825 NW. Frwy. Ste. 800
 Houston, TX 77040
 Phone: 281-890-0001
 Fax: 281-890-1058

FREE TRANSPORTATION **MINIMAL WAIT TIMES**

9
POST OAK
 1214 N. Post Oak, Ste. 100
 Houston, TX 77055
 Phone: 713-681-9100
 Fax: 713-956-2626



5
BEAUMONT
 3817 Stagg Dr.
 Beaumont, TX 77701
 Phone: 409-866-0856
 Fax: 409-866-0136



10
SOUTH
 12885 Gulf Frwy.
 Houston, TX 77034
 Phone: 281-922-9500
 Fax: 281-922-9501



6
WEST
 11621-A Katy Frwy.
 Houston, TX 77079
 Phone 832-399-5300
 Fax: 832-399-5301

11
SOUTHWEST
 9380 W. Sam Houston Pkwy. S. Ste. 80
 Houston, TX 77099
 Phone: 832-300-2626
 Fax: 832-300-2625



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