



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 _____



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



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OUR APP
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IPHONE & ANDROID

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

FREE
TRANSPORTATION

MINIMAL
WAIT TIMES

WALK-INS
WELCOME

NO APPOINTMENT
NECESSARY



INDIANAPOLIS

500 North Capitol Ave.
Indianapolis, Indiana 46204
Phone: 317-983-5400
Fax: 317-983-5401

HOUSTON, TX

11 LOCATIONS

MIDLAND, TX

1 LOCATION

EL PASO, TX

1 LOCATION

HARLINGEN, TX

1 LOCATION

MARIETTA, GA

1 LOCATION

DFW AREA, TX

9 LOCATIONS

BROWNSVILLE, TX

1 LOCATION

MCALLEN, TX

1 LOCATION

TYLER, TX

1 LOCATION

NORCROSS, GA

1 LOCATION

CHATTANOOGA, TN

1 LOCATION

SAN ANTONIO, TX

4 LOCATIONS

BRYAN, TX

1 LOCATION

LUBBOCK, TX

1 LOCATION

ATLANTA, GA

2 LOCATIONS

SAVANNAH, GA

1 LOCATION

KNOXVILLE, TN

1 LOCATION

AUSTIN, TX

2 LOCATIONS

CORPUS CHRISTI, TX

1 LOCATION

WACO, TX

1 LOCATION

AUGUSTA, GA

1 LOCATION

MEMPHIS, TN

2 LOCATIONS

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