



**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 \_\_\_\_\_



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OUR APP  
"NOVAMC"

AVAILABLE FOR  
IPHONE & ANDROID

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



YOUR CHOICE FOR WORK  
INJURY TREATMENT

WALK-INS  
WELCOME

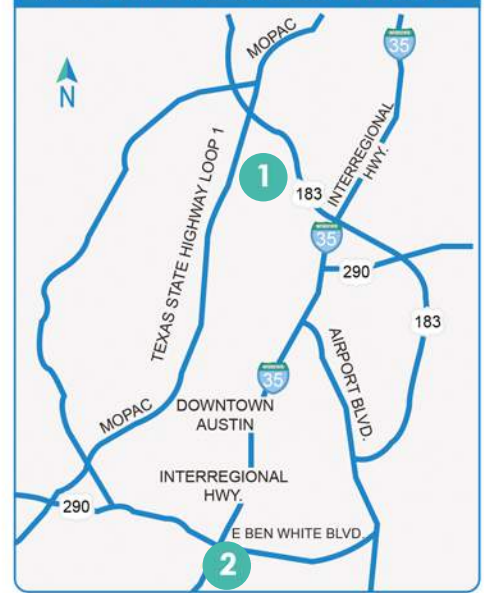
NO APPOINTMENT  
NECESSARY

FREE  
TRANSPORTATION

MINIMAL  
WAIT TIMES

WWW.N-O-V-A.COM

AUSTIN AREA LOCATIONS



OFFICE HOURS

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

If There Is A Major Medical Emergency

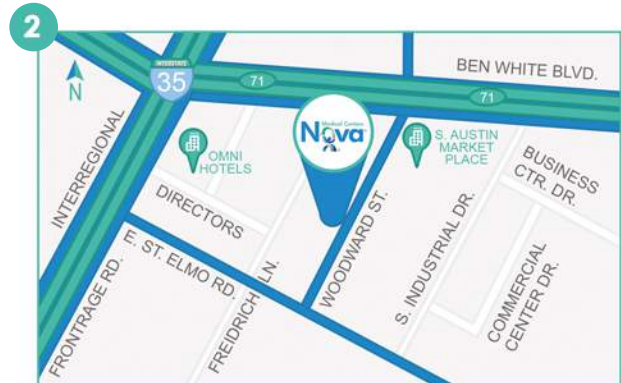
PLEASE CALL 911

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

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



**AUSTIN NORTH**  
8868 Research Blvd. Ste. 601  
Austin, TX 78758  
Phone: 512-615-3000  
Fax: 512-615-3001



**AUSTIN SOUTH**  
2171 Woodward St.  
Austin, TX 78744  
Phone: 512-610-3001  
Fax: 512-610-3002

HOUSTON, TX

11 LOCATIONS

DFW AREA, TX

9 LOCATIONS

SAN ANTONIO, TX

4 LOCATIONS

MIDLAND, TX

1 LOCATION

WACO, TX

1 LOCATION

BRYAN, TX

1 LOCATION

CORPUS CHRISTI, TX

1 LOCATION

MCALLEN, TX

1 LOCATION

HARLINGEN, TX

1 LOCATION

EL PASO, TX

1 LOCATION

BROWNSVILLE, TX

1 LOCATION

LUBBOCK, TX

1 LOCATION

TYLER, TX

1 LOCATION

ATLANTA, GA

2 LOCATIONS

MARIETTA, GA

1 LOCATION

SAVANNAH, GA

1 LOCATION

AUGUSTA, GA

1 LOCATION

NORCROSS, GA

1 LOCATION

MEMPHIS, TN

2 LOCATIONS

KNOXVILLE, TN

1 LOCATION

CHATTANOOGA, TN

1 LOCATION

INDIANAPOLIS, IN

1 LOCATION