



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



DOWNLOAD  
OUR APP  
"NOVAMC"

AVAILABLE FOR  
IPHONE & ANDROID

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

**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



YOUR CHOICE FOR WORK  
INJURY TREATMENT

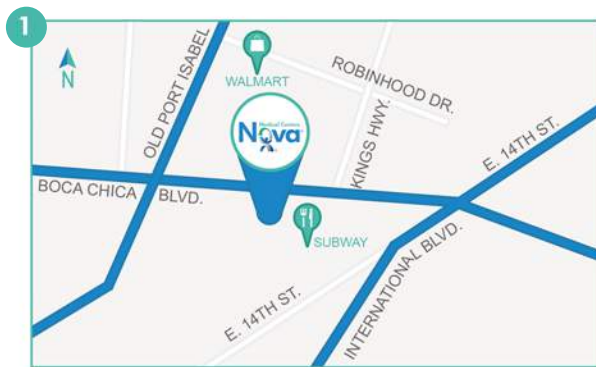
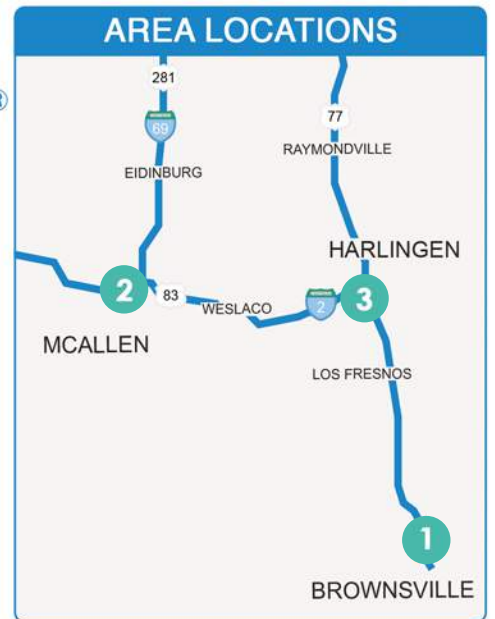
WALK-INS  
WELCOME

NO APPOINTMENT  
NECESSARY

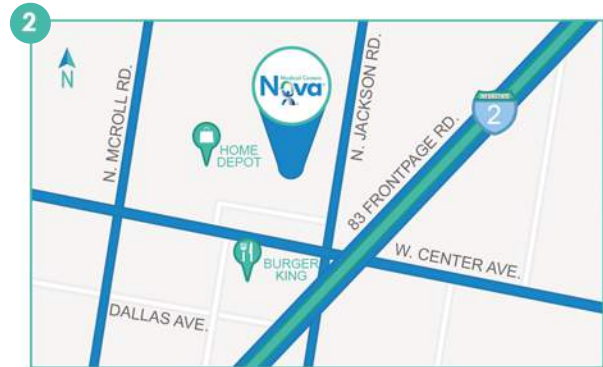
FREE  
TRANSPORTATION

MINIMAL  
WAIT TIMES

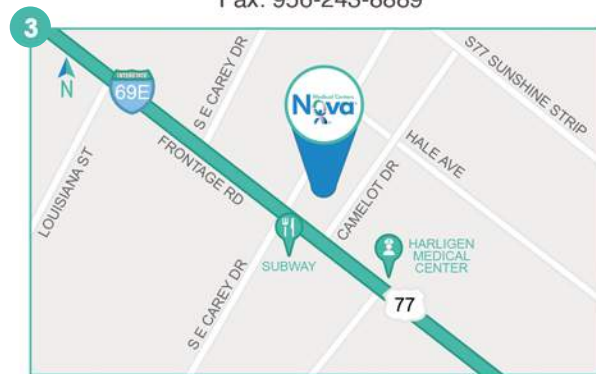
[WWW.N-O-V-A.COM](http://WWW.N-O-V-A.COM)



**BROWNSVILLE**  
2952 Boca Chica Blvd.  
Brownsville, TX 78521  
Phone: 956-243-8888  
Fax: 956-243-8889



**MCALLEN**  
403 N. Jackson Rd.  
Pharr, TX 78577  
Phone: 956-429-3866  
Fax: 956-429-3867



**HARLINGEN**  
216 N Ed Carey Dr. Suite 1  
Harlingen, TX 78550  
Phone: 956-261-4700  
Fax: 956-261-4701

**HOUSTON, TX**

11 LOCATIONS

**DFW AREA, TX**

9 LOCATIONS

**SAN ANTONIO, TX**

4 LOCATIONS

**AUSTIN, TX**

2 LOCATIONS

**MIDLAND, TX**

1 LOCATION

**BRYAN, TX**

1 LOCATION

**CORPUS CHRISTI, TX**

1 LOCATION

**LUBBOCK, TX**

1 LOCATION

**WACO, TX**

1 LOCATION

**EL PASO, 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