



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) (Items in this section may require a Basic Physical)
- Respirator Fit Testing:
 - Qualitative
 - Quantitative: Mask Type*: _____
- Pulmonary Function Test (PFT) ***(Required)**

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 _____
				Cadmium _____
				Chromium _____
				Specific _____
- TB Skin Test
- X-rays: _____ Chest _____ B-Read
- Vision Testing:
 - Wall Chart
 - J -2
 - Color (Ishihara)
- EKG



DOWNLOAD
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.**

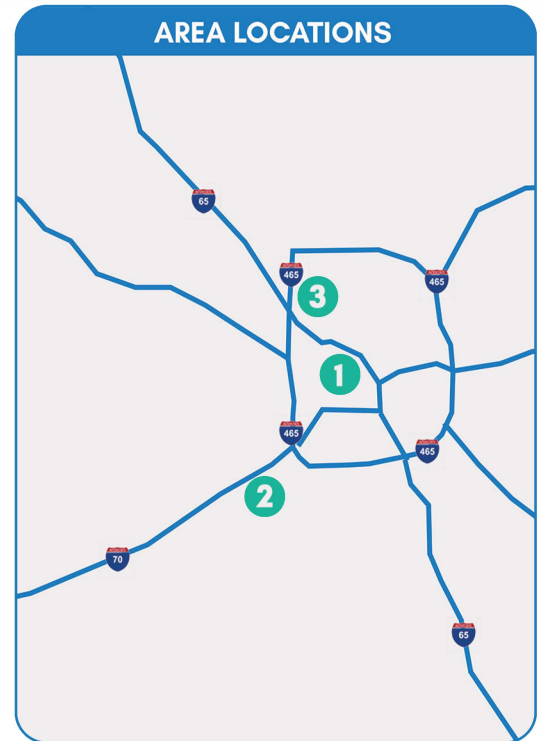
WALK-INS
WELCOME

NO APPOINTMENT
NECESSARY

FREE
TRANSPORTATION

MINIMAL
WAIT TIMES

WWW.N-O-V-A.COM



OFFICE HOURS

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

If There Is A Medical Emergency

PLEASE CALL 911

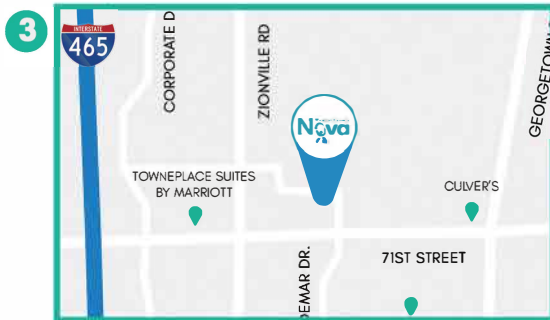
After Hours 24/7 Physician
Drug Testing Triage Hotline
1-866-480-1310 1-866-480-1310
option 2 option 5



INDIANAPOLIS DOWNTOWN
500 North Capital Ave.
Indianapolis, IN 46204
Phone: 317-983-5400
Fax: 317-983-5401



INDIANAPOLIS AIRPORT
5757 Decatur, Suite 175
Indianapolis, IN 46241
Phone: 317-343-4549
Fax: 317-343-4549



INDIANAPOLIS NORTHWEST
7112 Waldemar Dr.
Indianapolis, IN 46268
Phone: 317-550-0424
Fax: 317-550-0424

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