



### Employer's Authorization for Examination and/or Treatment (Must Present Photo ID at Time of Service)

Patient Name: \_\_\_\_\_ SSN/ID#: \_\_\_\_\_

Employer: \_\_\_\_\_ Order Expire Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Contacts: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Billing Information

Employee to pay at time of service

Employer (see address above)

Workers Compensation (Report injury to your Insurance Company)

Insurance Company: \_\_\_\_\_

Adjuster/Nurse Triage Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

#### Drug Testing Only

##### 1 Type of Test(s)

Urine Drug Test: (Select One)  DOT  Non-DOT

Breath Alcohol Test: (Select One)  DOT  Non-DOT

Rapid Urine Drug Check (10 Panel)

eCup +  Hair Analysis

##### 2 Reason for Test(s)

Post Accident/Injury  Random  Reasonable Suspicion

#### Work Injury Care / Return To Work

Date of Injury: \_\_\_\_\_

Post Injury

Urine Drug Test: (Select One)  DOT  Non-DOT

Breath Alcohol Test: (Select One)  DOT  Non-DOT

Evaluate and Treat Work Related Illness / Injury

Is Light Duty Available?  Yes  No

Return to Work Evaluation (Post Illness / Injury Evaluation)

#### Pre-Employment Services

Urine Drug Test: (Select One)  DOT  Non-DOT

Breath Alcohol Test: (Select One)  DOT  Non-DOT

Rapid Urine Drug Check (10 Panel)

eCup +  Hair Analysis

Physical Examination:  DOT  DOT Recertification  Basic

(Items In This Section May Require a Basic Physical)

Physical Performance Evaluation (Pre-Hire)

Fit for Duty (Includes physical and Level 3 PPE) (Post-Hire)

Job Title: \_\_\_\_\_  
*(Please provide job description to perform/setup)*

Respirator Fit Testing:  
 Qualitative  
 Quantitative: Mask Type\*: \_\_\_\_\_  
*(Required)*

Pulmonary Function Test (PFT)

#### Special Instructions / Other Testing

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Audiogram - OSHA Conservation

TB/QuantiFERON Gold

TB Skin Test

X-Rays:  Chest  B-Read

Vision Test:  Wall Chart  J-2  Color (Ishihara)

EKG

WALK-INS WELCOME  
MINIMAL WAIT TIMES  
FREE TRANSPORTATION  
NO APPOINTMENT NECESSARY



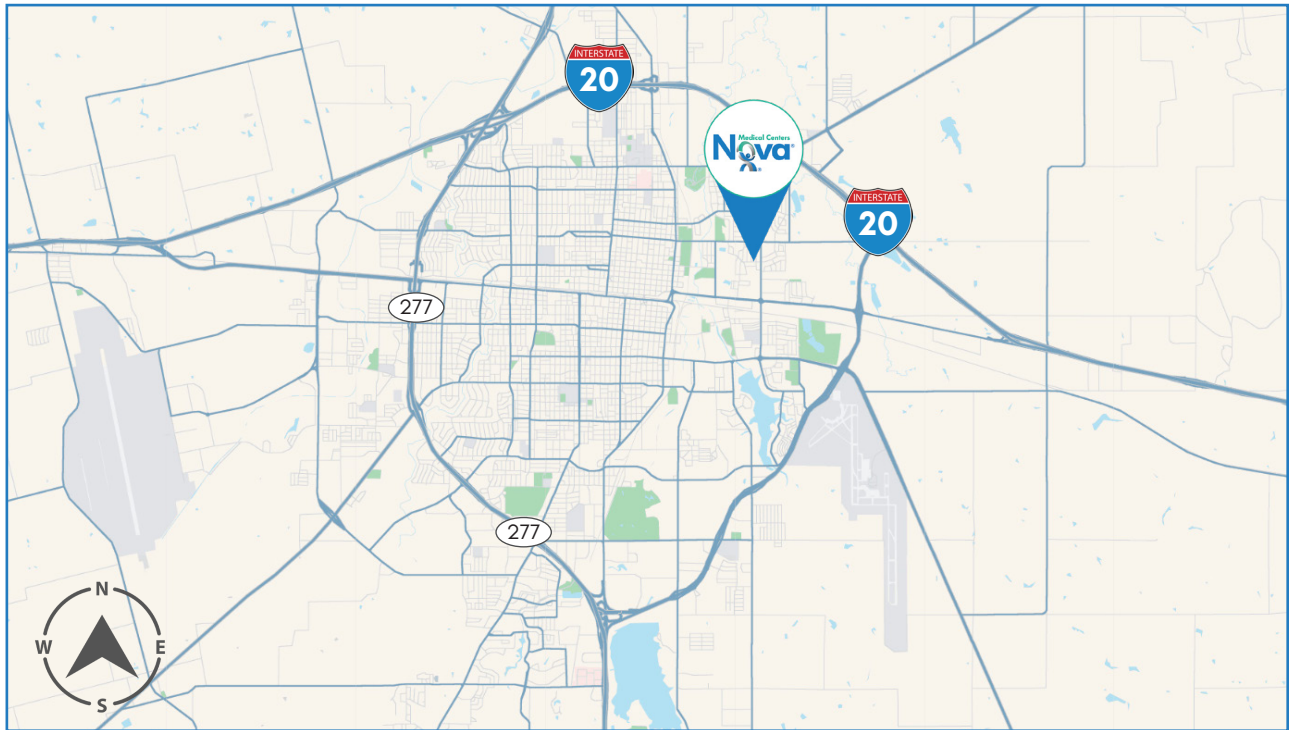
If There Is a Major Medical  
Emergency Please Call 911

24/7 Physician Triage Hotline  
1 (866) 480-1310 Option 5

## We Offer

### Work Injury Treatment & Pre Employment Services

- Physician Tele-Triage
- Travel Medicine
- DOT Physicals
- Drug Testing
- Physical Therapy
- Onsite Services
- Pre-Employment
- And More!



#### Abilene

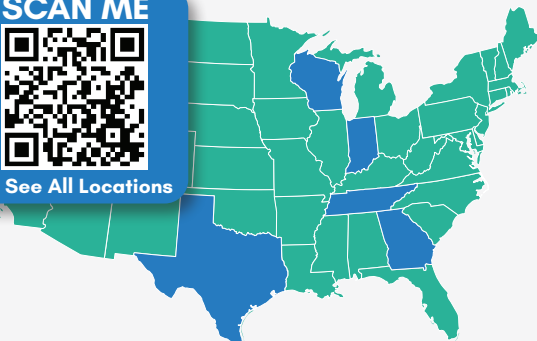
Free Courtesy Transportation

560 N Judge Ely Blvd  
Abilene, Texas 79601  
Phone: (325) 437-8620  
Fax: (325) 437-8620  
Mon-Fri: 7:30 AM – 5:00 PM  
abileneen-o-v-a.com

SCAN ME



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