



## 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: \_\_\_\_\_

### 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)

### Special Instructions / Other Testing

\_\_\_\_\_  
\_\_\_\_\_  
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### 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

### 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)

- ☐ 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!



#### **Corpus Christi**

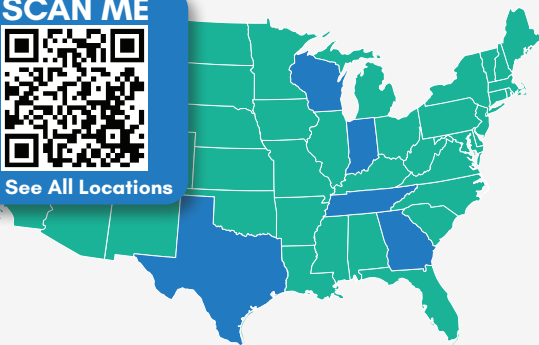
3403 S Padre Island Dr Ste 301  
Corpus Christi, TX 78415  
Phone: (361) 445-3969  
Fax: (361) 445-3970  
Mon-Fri: 8:30 AM – 6:00 PM  
corpuschristien-o-v-a.com

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