



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

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



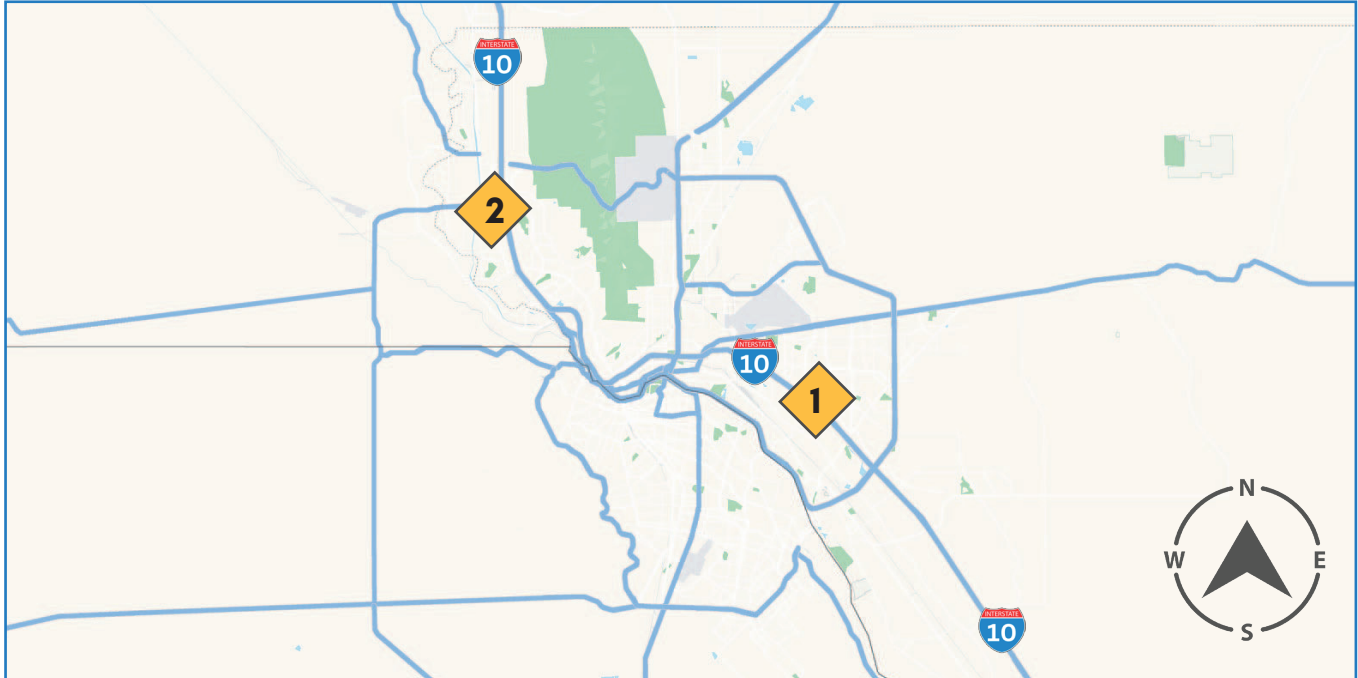
If There Is a Major Medical
Emergency Please Call 911

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!



Free Courtesy Transportation

1. El Paso (East)

10961 Gateway Blvd W, Ste 100
El Paso, TX 79935
Phone: (915) 245-3131
Fax: (915) 245-3132
Mon-Fri: 8:30 AM – 6:00 PM
elpaso@n-o-v-a.com

2. El Paso (West)

6351 S Desert Blvd, Bldg C
El Paso, TX 79932
Phone: (915) 261-0001
Fax: (915) 261-0009
Mon-Fri: 8:30 AM – 6:00 PM
elpasowest@n-o-v-a.com

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