



**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



100% Occupational Medicine

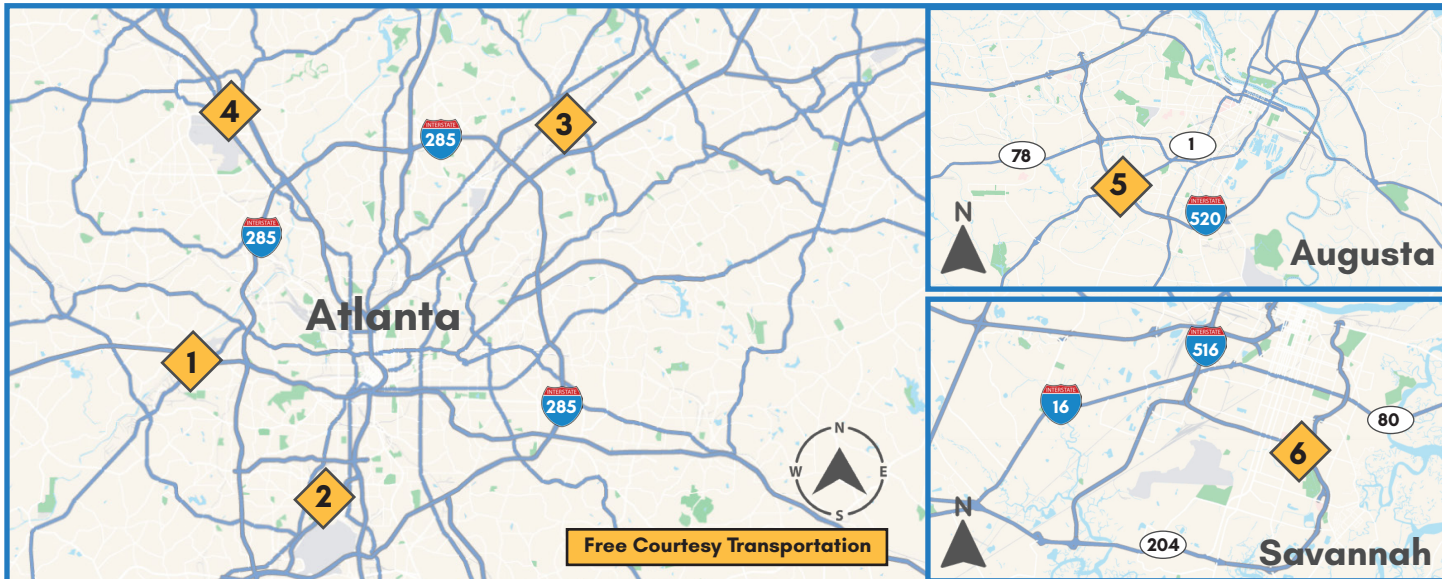
If There Is a Major Medical  
Emergency Please Call 911

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!



#### 1. Atlanta - FIB

4795 Fulton Industrial Blvd SW Ste F  
Atlanta, GA 30336  
P: (404) 267-5700  
F: (404) 267-5600  
Mon-Fri: 8:30 AM - 6:00 PM  
fib@n-o-v-a.com

#### 2. Atlanta - Airport

1005 Virginia Ave, Ste 100  
Atlanta, GA 30354  
P: (404) 762-1001  
F: (404) 762-1007  
Mon-Fri: 8:30 AM - 6:00 PM  
atlantaairport@n-o-v-a.com

#### 3. Norcross

6300 Jimmy Carter Blvd Ste 110  
Norcross, GA 30071  
P: (770) 280-1919  
F: (770) 280-2424  
Mon-Fri: 8:30 AM - 6:00 PM  
norcross@n-o-v-a.com

#### 4. Marietta

1395 S Marietta Pkwy SE  
Bldg 200, Ste 212  
Marietta, GA 30067  
P: (770) 615-7900  
F: (770) 615-7901  
Mon-Fri: 8:30 AM - 6:00 PM  
marietta@n-o-v-a.com

#### 5. Augusta

3205 Deans Bridge Rd, Ste 9  
Augusta, GA 30906  
P: (762) 222-1123  
F: (762) 222-1124  
Mon-Fri: 8:30 AM - 6:00 PM  
augusta@n-o-v-a.com

#### 6. Savannah

1128 E DeRenne Ave  
Savannah, GA 31406  
P: (912) 231-7900  
F: (912) 231-7901  
Mon-Fri: 8:30 AM - 6:00 PM  
savannah@n-o-v-a.com

SCAN ME



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