



## AUTHORIZATION AND/OR REQUEST FOR SERVICES

### FROM

Company Name \_\_\_\_\_  
Name of Employee Last \_\_\_\_\_ First \_\_\_\_\_  
Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

### WORK INJURY

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_ am pm First Report of Injury Filed  Yes  No  
Brief Description of Injury \_\_\_\_\_

### SERVICES (Check Below)

#### Physical exams

- Pre-employment exam (send job description if available)
- Return to work exam (send job description if available)
- Fit for duty exam (send job description if available)
- DOT exam: new certification (if urine drug screen required, check in substance abuse testing section)
- DOT exam: recertification
- Medical surveillance exam-respirator
- Medical surveillance exam-initial/baseline: type of exposure \_\_\_\_\_
- Medical surveillance exam-annual/interim: type of exposure \_\_\_\_\_

#### Other Testing

- Hearing Test (audiogram)
- Pulmonary Function Test (spirometry)
- Respirator Fit Testing
- Lab (specify) \_\_\_\_\_

#### Immunizations/Vaccines

- Hepatitis B
- Tetanus
- TB skin test (PPD)
- Other \_\_\_\_\_

#### Substance Abuse Testing (must have id photo)

- Urine drug screen w/mro-DOT
- Urine drug screen w/mro-non DOT
- Urine drug screen-collection only (bring c.o.c.)
- Breath alcohol test-DOT
- Breath alcohol test-non DOT
- Other \_\_\_\_\_
- Comment \_\_\_\_\_

#### Reason for Test

- Reasonable cause
- Random
- Post accident
- Pre-placement/post offer
- Follow-up
- Return to duty
- Other \_\_\_\_\_
- Comment \_\_\_\_\_

**I authorize Medical Access to provide the above named employee with the necessary medical treatment or services requested. I understand that as the company's authorized representative, I acknowledge the company's responsibility for payment of charges related to the services rendered.**

Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Monday - Friday 08.30 AM - 7.30 PM  
Saturday & Sunday 10.00 AM - 5.00 PM

Appointments scheduled between 9.00AM & 6.00 PM Mon-Fri

19504 Amaranth Drive, Germantown MD 20874 Ph (301) 428-1070 Fax (301) 428-3192 [www.medicalaccessonline.com](http://www.medicalaccessonline.com)