



# AUTHORIZATION TO PROVIDE SERVICES

## AUTHORIZATION INFO

Authorized by (signature) \_\_\_\_\_

Authorized by (print name) \_\_\_\_\_

Authorizer's Phone Number \_\_\_\_\_

Date of Authorization \_\_\_\_\_

## EMPLOYERS INFO

Company Name \_\_\_\_\_

Company Phone \_\_\_\_\_

Company Fax \_\_\_\_\_

Address \_\_\_\_\_

## PATIENT INFO

Patient Name \_\_\_\_\_

Job Title \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Check box if employee to pay for services

## RESULTS REPORTING TO

Contact Name \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail: \_\_\_\_\_

## SERVICES AUTHORIZED

### DRUGS SCREENS

- Standard 5 panel DOT Urine drug screen
- Rapid 10 panel urine drug screen
- Hair Follicle testing (5 panel)
- Non-DOT Standard 5 panel urine drug screen
- Non-DOT Standard 10 panel urine drug screen

**BAT:**  (yes/no)

### REASON

- Pre-employment       Random
- Post Accident       Other \_\_\_\_\_

### COLLECTION ONLY

Please make sure you bring your CCF form with you on day of appointment

### COLLECTION TYPE

- DOT       Non-DOT

**For DOT drug screen or collection DOT agency is required:**

- FMCSA  FAA  FRA  FTA  PHMSA  USCG

### PHYSICALS

- DOT Physical
- Basis pre-employment physical
- Employment Physical

### OTHER SERVICES

- Rapid covid test
- TB QuantiFERON test
- Qualitative FIT