Occupational Medicine
710 S. Lincoln Road, Suite 800 • Escanaba, MI 49829 • 906-786-0440
901 Lakeshore Drive, Suite 106 • Ishpeming, MI 49849 • 906-485-2267
1414 W. Fair Avenue, Suite 35 • Marquette, MI 49855 • 906-449-1140

Authorization for Treatment or Exam

CLIENT INFORMATION ☐ New Account ☐ Employee Specific

Company Name:	Designated Employee Representative DER:
DER Phone Number:	Fax/ Email:
Billing Invoice To:	Billing Address:

EMPLOYEE INFORMATION:

Name:	Date of Birth:	Phone No.

INJURY TREATMENT/WORKERS COMPENSATION

Injury Description:		Injury Date:
Workers Comp Carrier:	Claim #:	
Carrier Address:	Adjuster Name:	
Drug Screen Required: ☐ Breath Alcohol Required: ☐	Adjuster Phone:	Adjuster email:

AUTHORIZED TESTS OR EXAMINATIONS

Physical Examinations:

- ☐ Pre-Placement Exam
- ☐ Company/TPA Exams
- ☐ DOT Exam
- ☐ Asbestos Exam
- ☐ HAZMAT Exam
- ☐ Silica
- ☐ MCOLES
- ☐ Respirator Medical Clearance Exams

Medical Surveillance/ Immunizations:

- ☐ Audiogram
- ☐ EKG
- ☐ Respirator Questionnaire Review
- ☐ Fit Test
- ☐ Spirometry
- ☐ Vision Testing: Choose
  - ☐ Snellen ☐ Titmus ☐ Ishihara ☐ Other_______________
- ☐ Lift Test: 50 lbs.
- ☐ Functional Capacity Test (UP Rehab)
- ☐ TB Skin Test ☐ 1 step ☐ 2 Step
- ☐ Hepatitis B Vaccine
- ☐ Flu Vaccine
- ☐ Tdap Vaccine
- ☐ MMR Vaccine
- ☐ QuantiFERON Gold
- ☐ Other Lab/ Imaging/ Ancillary Testing: ______________

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Authorized Signature:

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*Employer accepts financial responsibility for all authorized services

*Please bring a Photo ID

DRUG AND ALCOHOL TESTING

***Reason For Drug Alcohol Test*:**

- ☐ Pre-Employment ☐ Random
- ☐ Post Accident ☐ Follow Up
- ☐ Reasonable Suspicion Return to Duty

DOT Drug/ Breath Alcohol Screening: (Check All That Apply)

- ☐ Breath Alcohol ☐ Urine
- ☐ Collection Only (Employer will send donor with chain of custody)

***Authority*:**

☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

NON DOT Drug/ Breath Alcohol Screening:

- ☐ Breath Alcohol
- ☐ Urine
- ☐ Hair
- ☐ Saliva
- ☐ Collection Only (Employer will send donor with chain of custody)

NON DOT Rapid Drug Screen UPHS MRO:

- ☐ 5 Panel
- ☐ 6 Panel
- ☐ 9 Panel
- ☐ 10 Panel

NON DOT (Lab Based) UPHS MRO:

- ☐ 5 Panel
- ☐ 9 Panel
- ☐ MCOLES Panel
- ☐ 10 Panel

Special Instructions: ____

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Email Completed Authorization To: Diana.Sundberg@lifepointhealth.net