

EMPLOYER AUTHORIZATION FOR EXAMINATION OR TREATMENT

Employee Name:	Date of Birth:
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Company Name:

<p>Work Related</p> <p><input type="checkbox"/> Injury/Illness <input type="checkbox"/> Evaluation <input type="checkbox"/> Exposure</p> <p>Date of Injury: _____</p>	<p>Physical Examination</p> <p><input type="checkbox"/> Pre-placement <input type="checkbox"/> Annual <input type="checkbox"/> DOT</p> <p><input type="checkbox"/> Surveillance _____</p>
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<p>Drug and Alcohol Testing <small>Photo Identification Required</small></p> <table style="width:100%"> <tr> <th style="text-decoration:underline">Testing Situation</th> <th style="text-decoration:underline">Test</th> </tr> <tr> <td><input type="checkbox"/> Pre-placement</td> <td><input type="checkbox"/> DOT</td> </tr> <tr> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> 5-Panel</td> </tr> <tr> <td><input type="checkbox"/> Post Accident</td> <td><input type="checkbox"/> 9-Panel</td> </tr> <tr> <td><input type="checkbox"/> Annual</td> <td><input type="checkbox"/> 10-Panel</td> </tr> <tr> <td><input type="checkbox"/> For Cause</td> <td><input type="checkbox"/> Rapid Drug Screen</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Breath Alcohol</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Hair Testing</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Health Care Worker Panel of Abuse</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Steroid Panel</td> </tr> </table> <p><input type="checkbox"/> Collect on Only <input type="checkbox"/> Chain of Custody (COC) on file at OHS</p>	Testing Situation	Test	<input type="checkbox"/> Pre-placement	<input type="checkbox"/> DOT	<input type="checkbox"/> Random	<input type="checkbox"/> 5-Panel	<input type="checkbox"/> Post Accident	<input type="checkbox"/> 9-Panel	<input type="checkbox"/> Annual	<input type="checkbox"/> 10-Panel	<input type="checkbox"/> For Cause	<input type="checkbox"/> Rapid Drug Screen		<input type="checkbox"/> Breath Alcohol		<input type="checkbox"/> Hair Testing		<input type="checkbox"/> Health Care Worker Panel of Abuse		<input type="checkbox"/> Steroid Panel	<p>Special Testing</p> <p><input type="checkbox"/> Audiogram</p> <p><input type="checkbox"/> Respirator Clearance Questionnaire</p> <p><input type="checkbox"/> Respirator Fit Testing - Quantitative (PortaCount)</p> <p><input type="checkbox"/> PFT (Pulmonary Function Test)</p> <p><input type="checkbox"/> Vision Titmus</p> <p><input type="checkbox"/> Agility Test</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p>Immunizations/Titers/TB Testing</p> <p><input type="checkbox"/> Tspot <input type="checkbox"/> TB Blood Test <input type="checkbox"/> TB/PPD <input type="checkbox"/> HEP B</p> <p><input type="checkbox"/> HEP A <input type="checkbox"/> Flu <input type="checkbox"/> Tdap <input type="checkbox"/> Varicella <input type="checkbox"/> MMR</p> <p><input type="checkbox"/> Other: _____</p>
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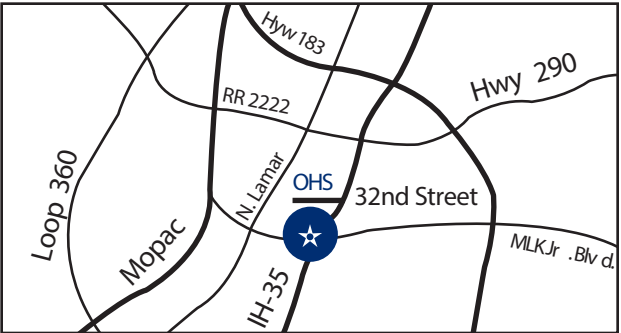
Billing

Bill Company Bill Workers' Compensation Employee to pay charges at time of service

Special Instruction/Comments:

Authorized By: <small>Signature</small>	Date:	Print Name:
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Phone: () Fax: ()

<p>Directions</p> <p>918 E. 32nd Street · Austin, TX 78705</p>  <p>Parking On Site</p>	<p>Emergency Rooms</p> <table style="width:100%"> <tr> <td style="width:33%"> <p> St. David's Medical Center 919 East 32nd Street Austin, TX 78765 512.476.7111</p> </td> <td style="width:33%"> <p>St. David's North Austin Medical Center 12221 N. MoPac Expy. Austin, TX 78758 512.901.1000</p> </td> <td style="width:33%"> <p>St. David's South Austin Hospital 801 W. Ben White Austin, TX 78704 512.447.2211</p> </td> </tr> <tr> <td> <p>St. David's Georgetown Hospital 2000 Scenic Dr. Georgetown, TX 78628 512.943.3000</p> </td> <td></td> <td></td> </tr> <tr> <td> <p>St. David's Round Rock Medical Center 2400 Round Rock Ave. Round Rock, TX 78681 512.341.1000</p> </td> <td></td> <td></td> </tr> </table>	<p> St. David's Medical Center 919 East 32nd Street Austin, TX 78765 512.476.7111</p>	<p>St. David's North Austin Medical Center 12221 N. MoPac Expy. Austin, TX 78758 512.901.1000</p>	<p>St. David's South Austin Hospital 801 W. Ben White Austin, TX 78704 512.447.2211</p>	<p>St. David's Georgetown Hospital 2000 Scenic Dr. Georgetown, TX 78628 512.943.3000</p>			<p>St. David's Round Rock Medical Center 2400 Round Rock Ave. Round Rock, TX 78681 512.341.1000</p>		
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