

# AUTHORIZATION FOR MEDICAL SERVICES



10515 E 40<sup>th</sup> Ave. Suite 105, Denver, CO 80239. Phone: 303-373-5353 Fax: 303-576-5663 Email: denveraaom@gmail.com

I authorize Denver AAOM to perform the following services, for the following employee:

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

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

Injury: \_\_\_ Workers' Compensation \_\_\_ Auto Accident \_\_\_ Personal (commercial ins.) \_\_\_ Non-injury

Reason: \_\_\_ Random \_\_\_ Cause/ Suspicion \_\_\_ Post- Accident \_\_\_ Pre- Employment \_\_\_ Return to Duty \_\_\_ Follow- Up

## Drug & Alcohol Testing:

- \_\_\_ Dot Drug Screen
- \_\_\_ E Screen Drug Screen using E Cup 5 panel (emailed result to client account, if negative)
- \_\_\_ Non Dot Drug Screen 5 panel 9 panel 10 panel (circle one)
- \_\_\_ Rapid Drug Screen 5 panel 11 panel (circle one)
- \_\_\_ Rapid Drug Screen w/ Lab Confirmation (For positive Results) 5 panel 11 panel (circle one)
- \_\_\_ Breath Alcohol Test
- \_\_\_ Hair Follicle Test
- \_\_\_ Consortium Services

## Physicals:

- |                                          |                                   |                              |
|------------------------------------------|-----------------------------------|------------------------------|
| ___ NON-DOT Physicals                    | ___ DOT Physicals                 | ___ Pilot/Aviation Physicals |
| ___ Preventative and Executive Physicals | ___ PCP/Acute Sick Visits         | ___ Impairment Ratings       |
| ___ Annual Physical                      | ___ Immigration/Citizenship Exams |                              |
| ___ Injury while at work (Work Comp)     | ___ Hazmat & Asbestos Exams       |                              |
| ___ Pre-Op or Pos-Op (circle one)        |                                   |                              |
| ___ Return to Work                       |                                   |                              |

## Vaccines:

- |                                                   |                   |
|---------------------------------------------------|-------------------|
| ___ Flu                                           | ___ Meningococcal |
| ___ Tdap( tetanus with pertussis (whooping cough) | ___ Pneumococcal  |
| ___ DT (tetanus)                                  | ___ Varicella     |
| ___ MMR (measles, mumps, rubella)                 |                   |
| ___ Hep A or Hep B (circle one)                   |                   |
| ___ TB skin test (tuberculosis)                   |                   |

## Other Services

- |                                                             |                  |                          |
|-------------------------------------------------------------|------------------|--------------------------|
| ___ Audiogram                                               | ___ MRO Services | ___ Depth Perception     |
| ___ Vision: Jaeger, Snellen, Titmus (circle all that apply) | ___ Blood Draws  | ___ Urinalysis           |
| ___ Color vision                                            | ___ EKGs         | ___ Functional Lift Test |
| ___ Pulmonary Function Test                                 | ___ X-Rays       | (circle) 50 lbs 75 lbs   |
| ___ Respirator Fit Test                                     | ___ Other: _____ |                          |
| ___ Respiratory Evaluation and Medical Questionnaire        |                  |                          |

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

Authorized By: \_\_\_\_\_