OCCUPATIONAL HEALTH SOLUTIONS

AUTHORIZATION FOR TREATMENT OR EXAMINATION

Fossil Creek or South Fort Worth

Click your preferred location at bottom of form to submit

Patient Name:_____ SS#:_____

Company:_____ DOB_____

Work Related
☐ Injury Care
Date of Injury_____

Physical Examination
☐ Post Offer ☐ Respirator Certification
☐ Return To Work / Fitness For Duty
☐ Respirator Fit Test

D.O.T. Physical Examination
☐ New Certification ☐ Re-Certification

Substance Abuse Testing
☐ Pre-Employment Drug Screen ☐ DOT ☐ non-DOT
☐ Post Accident Drug Screen ☐ DOT ☐ non-DOT
☐ Random Drug Screen ☐ DOT ☐ non-DOT
☐ Breath Alcohol (EBT) ☐ Random Breath Alcohol
☐ Quick Drug Screen ☐ 5 panel ☐ 9 panel

Specify DOT Agency ☐ FMCSA ☐ PHMSA ☐ FAA

Ability Test/WorkSTEPS (position)_____

Special Exams/Tests
☐ Audiogram ☐ Visual Acuity
☐ Hep B ☐ PPD ☐ PFT only_____

Special Instructions/Comments _____

_____

_____

PAYMENT METHOD: ☐ Bill Employer ☐ Bill Carrier ☐ Paid by Applicant

Authorized by:_____ _____
Print Name Signature

Phone:_____ Date:_____ E-mail:_____

Acrobat Reader 9 required if you want to email completed form and save form to your local computer

After completing the form, select your preferred location and check box in green bar to submit electronically

Check Button to Submit Form to Fossil Creek Location

Check Button to Submit Form to South Fort Worth Location

Map and Office Hours on Reverse Side

OCCUPATIONAL HEALTH SOLUTIONS

Fossil Creek Clinic

3645 Western Center Blvd.
Fort Worth, Texas 76137
(817) 306-9200
(817) 306-0329 Fax
Monday -Friday 8 am to 6 pm

South Fort Worth Clinic

4775 South Freeway at Felix
Fort Worth, Texas 76115
(817) 921-2500
(817) 921-0625 Fax
Monday - Friday 8 am to 5 pm