



FOUR LOCATIONS TO SERVE YOU:
 Carmichael 916-488-6337
 Roseville 916-772-6337
 Folsom 916-920-6337
 Sacramento (Natomas) 916-447-6337

TREATMENT AUTHORIZATION

EMPLOYEE NAME: _____ DATE: _____

EMPLOYER: _____ PHONE: _____

AUTHORIZED BY: _____ AUTHORIZED SIGNATURE: _____

**please sign ALL authorization forms*

WORKER'S COMPENSATION SERVICES

TREAT INJURY/ILLNESS

Type of Injury: _____ Date of Injury: _____

Comments: _____

Check here if work comp insurance has changed

CURRENT WC COMPANY _____ POLICY# _____

EMPLOYER PAID SERVICES

Please note: You must have an account with MED7 in order to receive "Bill To" services. Please contact one of our Clinic Managers to set up a profile.

DRUG & ALCOHOL TESTING:

Reason To Test (choose one):

- Pre-Employment Random Reasonable Suspicion
- Post Accident Other _____

- 5-panel Express Drug Screen - (MED7 In-house test)
- 10-panel Express Drug Screen - (MED7 In-house test)
- Non-DOT Urine Drug Screen - (send out collection - MED7 lab & forms)
- Non-DOT & DOT Urine Drug Screens - (send out collection -Your company lab & forms)
- BAT (breath alcohol test) - DOT or Non-DOT (circle one)

PHYSICAL EXAMINATION & OTHER SERVICES:

- Basic Physical DMV (DOT) Physical
- PPD 2 View Chest X-ray - (rule out TB)
- Hep B Vaccine Series Tetanus Immunization
- Baseline Audiology Hep B Surface Antibody Titer
- MMR Immunity Titer Other _____
- OSHA Respiratory Clearance (Clear to Fit only)

Comments: _____
