



10095 Brick Church Road
Cambridge, Ohio 43725
(740) 439-8191

OFFICE HOURS:
Monday – Wednesday – Friday
8 am – 4 pm
Tuesday & Thursday
7 am – 4 pm

**We accept drug screens & breath alcohol testing on a walk-in basis.
All other testing must be scheduled appointments.**

AUTHORIZATION FORM

Appointment Date _____ Appointment Time: _____

Employee/Applicant: _____ Company/Employer: _____

BILLING: Please check if employee is to pay fees at time of service

**** PHOTO IDENTIFICATION REQUIRED ****

REASON FOR TEST: (Check ONLY One, if applicable)		
<input type="checkbox"/> Pre – Placement <input type="checkbox"/> Return to Work	<input type="checkbox"/> Random <input type="checkbox"/> Follow-up	<input type="checkbox"/> Post Accident/injury <input type="checkbox"/> Reasonable Suspicion/Cause
<p>Drug Screen</p> <input type="checkbox"/> E-Cup <input type="checkbox"/> NON-DOT <input type="checkbox"/> Hair Collection <input type="checkbox"/> DOT Testing Authority: _____	<p>Breath Alcohol</p> <input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT	<p>Physical Examination</p> <input type="checkbox"/> Limited Physical <input type="checkbox"/> DOT Physical <input type="checkbox"/> T-8 Bus Physical <input type="checkbox"/> Lift Assessment/Musculoskeletal screen <input type="checkbox"/> Pre Work Screen / Physical Ability
<p>Respirator Examination</p> <input type="checkbox"/> Respirator Clearance Exam <input type="checkbox"/> Respirator Fit Testing ** **Employee must bring Mask, and be clean shaven for Fit Testing	<p>Laboratory</p> <input type="checkbox"/> CBC with diff <input type="checkbox"/> Chromium <input type="checkbox"/> Chem Lipid <input type="checkbox"/> Lead Level <input type="checkbox"/> Lead Profile (Lead, ZPP & FEP)	<p>Miscellaneous</p> <input type="checkbox"/> Titmus <input type="checkbox"/> EKG <input type="checkbox"/> PFT <input type="checkbox"/> Hepatitis B Vaccine <input type="checkbox"/> PPD Skin Test <input type="checkbox"/> Audiology <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Lumbar X-ray <input type="checkbox"/> Tetanus <input type="checkbox"/> Tdap

Special Instructions: _____

Authorized Signature: _____

Phone: _____

FAX COMPLETED FORM TO:
(740) 439-8732 or (740) 439-8538

