



1500 Provident Drive, Suite A | Warsaw, IN 46580
574.372.7637 | 800.410.3627

SERVICE AUTHORIZATION FORM

Employer: _____ Phone: _____

Patient: _____ Date: _____

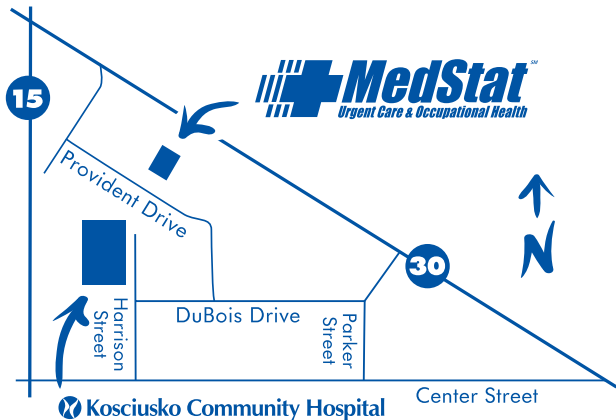
THIS PATIENT IS AN EMPLOYEE OF OUR COMPANY AND REQUIRES THE FOLLOWING SERVICE(S):

- | | | |
|--|---|--|
| <input type="checkbox"/> Injury Care | <input type="checkbox"/> 10-Panel Drug Screen | <input type="checkbox"/> Respirator Physical |
| <input type="checkbox"/> Re-check/Re-evaluation | <input type="checkbox"/> 10-Panel Drug and Alcohol | <input type="checkbox"/> CDL/DOT Physical |
| <input type="checkbox"/> Injury Care with Drug and/or Alcohol Screen | <input type="checkbox"/> NIDA Drug Screen(DOT) | <input type="checkbox"/> Post-Offer Physical |
| <input type="checkbox"/> Breath Alcohol Screen | <input type="checkbox"/> 5-Panel Non-NIDA Drug Screen | <input type="checkbox"/> Mantoux (TB test) |
| <input type="checkbox"/> Hepatitis B Vaccine | <input type="checkbox"/> Hepatitis B Titer | |

Photo ID required for all Drug and Alcohol Testing

Special Instructions: _____

Authorized by: _____



MedStat Hours

Monday - Friday
7:00 am - 8:00 pm

Saturday & Sunday
8:00 am - 4:00 pm