Medical Centers

Employer's Authorization for Examination and/or Treatment

(Must Present Photo ID at Time of Service)

Patient Name: _____ **SSN / ID # :** _____

Company: Richmond County School System **Order Expire Date:** _____

Company Address: 864 Broad Street, Augusta, GA 30901 **Co. Phone:** _____

Company Contact: _____ **Email:** _____

Signature: _____ **Date:** _____

Billing: * Complete This Section *

___ Employee To Pay At Time of Service
___ Employer (See Address Above)
___ Workers Compensation (Report injury to your Ins. Co.)
Ins. Co: _____
Policy #: _____
Phone #: _____
Claim #: _____

Work Related / Injury Care: * Complete This Section *

Date of Injury: _____

___ Evaluate & Treat

___ **LIGHT DUTY IS AVAILABLE**

Return to Work Evaluation ____

Fit for Duty____(Physical + Level 3 PPE)

Job Title _____

(Please Provide Job Description)

Special Instructions/Other Testing: _____

_____
_____
_____
_____
_____
_____
_____
_____

Drug Testing Only:

① Test:

___ Urine Drug Test: _____DOT _____Non-DOT
___ Rapid Urine Drug Check ____eCup
___ Breath Alcohol Test
___ Hair Analysis

② Reason:

___ Post Accident / Injury
___ Random Testing
___ Reasonable Suspicion

Pre-Employment Services:

___ Urine Drug Test: ___ DOT ___ Non-DOT
___ Rapid Urine Drug Check ___eCup
___ Breath Alcohol Test
___ Hair Analysis
___ Physicals: ___ DOT ___ DOT Re-Cert. ___ Basic
___ Physical Performance Evaluation
(Please Provide Job Description)
___ Respirator Fit Testing:
___ Qualitative
___ Quantitative: Mask Type*: _____
___ Pulmonary Function Test (PFT) *(Required)

(Items in this section may require a Basic Physical)

___ Audiogram - OSHA Conservation
___ Blood Testing:
___ CBC ___ CMP ___LIPID
___ ZPP ___Heavy Metal:
Blood Lead_____
Mercury_____
Arsenic _____
Cadmium_____
Chromium _____
Specific_____
___ TB Skin Test
___ X-rays: ___ Chest ___ B-Read
___ Vision Testing:
___ Wall Chart ___J -2 ___ Color (Ishihara)
___ EKG