



6316 N. 10<sup>th</sup> St. Bldg C.  
McAllen, TX 78504  
956.994.0111 956.994.0131 Fax

**AUTHORIZATION FOR TREATMENT**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

**WORK INJURY**

- Injury Treatment
- DOT D/S  Non DOT D/S
- DOT BAT  Non DOT BAT

**DRUG & ALCOHOL**

- DOT D/S  Non DOT D/S
- Collection Only
- Preplacement \_\_\_\_\_
- Post Accident \_\_\_\_\_
- Random \_\_\_\_\_
- Reasonable Suspicion \_\_\_\_\_
- Follow Up \_\_\_\_\_

**MEDICAL EXAMS**

- DOT Physical \_\_\_\_\_
- Non DOT Physical \_\_\_\_\_
- Respirator Physical \_\_\_\_\_
- Respirator Fit Test \_\_\_\_\_
- Asbestos Physical \_\_\_\_\_

**OTHERS**

- Pulmonary Function Test \_\_\_\_\_
- Audiometry (OSHA) \_\_\_\_\_
- EKG \_\_\_\_\_
- Blood Test \_\_\_\_\_
- Vaccine \_\_\_\_\_
- X-RAY \_\_\_\_\_
- Vision \_\_\_\_\_
- Other \_\_\_\_\_

- DOT BAT  Non DOT BAT
- Preplacement \_\_\_\_\_
- Post Accident \_\_\_\_\_
- Random \_\_\_\_\_
- Reasonable Suspicion \_\_\_\_\_
- Follow Up \_\_\_\_\_
- Hair Collection
- Rapid D/S

Authorized By: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone: \_\_\_\_\_

Mon - Fri 9:00 a.m. - 9:00 p.m.  
Sat - Sun 10:00 a.m. - 5:00 p.m.

