Injury Care Associates
OCCUPATIONAL MEDICINE

DENVER
O (303) 531-4144 F (303) 531-4145
2490 W. 26th Avenue, Bldg A Ste 5 Denver, CO 80211

THORNTON
O (720) 531-8377 F (303) 451-8990
9351 Grant Street, Ste 600 Thornton, CO 80229

Authorization for Service

Employee/Patient Name _____ DOB/SSN _____

Employer _____ Date of Authorization _____

Mark All Requested Services Below

☐ **Work Related Injury, Illness or Exposure** Date of Incident _____ Body Part _____

If Post-Accident drug or alcohol testing is required, please mark the testing below

☐ **Drug and Alcohol Testing**

Classification ☐ Non-Regulated (Non-DOT) ☐ Regulated (DOT)

Reason ☐ New Hire ☐ Post-Accident ☐ Other _____

Type ☐ 4 Panel UDS ☐ 5 Panel UDS ☐ 7 Panel UDS ☐ 9 Panel UDS ☐ 10 Panel UDS ☐ Collection Only
☐ Breath-Alcohol ☐ Other _____

☐ **Physical Examination** (select type of physical below)

☐ DOT/CDL ☐ Pre-Employment ☐ Return-To-Work ☐ Fit-For-Duty ☐ Other _____

☐ **OSHA Examination** (select type of physical below)

☐ Respirator ☐ Silica ☐ HazMat (Lead) ☐ Asbestos ☐ Hexavalent Chromium

☐ **Immunizations** (select below)

☐ Influenza ☐ Hepatitis B ☐ Tetanus + Diphtheria (Tdap) ☐ MMR ☐ Varicella

☐ **Blood Titer Testing** (select below)

☐ Hepatitis B ☐ MMR ☐ Varicella

☐ **Additional Services**

☐ Audiogram ☐ Tuberculosis (Blood Test) ☐ OSHA Respirator Questionnaire ☐ Respirator Fit Test
☐ Range-of-Motion Assessment ☐ Physical Abilities Test (PAT)
☐ Other _____

Services Authorized By (Print) _____ **Phone** _____

Please note that only patient and staff are allowed in the drug/alcohol testing and clinical areas and that employer, family and friends will be asked to remain in the waiting area. Please notify your employee so they may plan accordingly.