Occupational Health Clinics

St. Vincent's OHC

Authorization of Treatment

This form serves as an authorization to provide treatment for the following:

Date: _____

Patient Name:_____ **SS#:** _____

Employer:_____

Person Auth. Treatment: _____ **Phone:** _____

1: Type of Service to be Provided:

Please indicate in section 2 if drug screen is also needed

[ ] Injury or Illness Care
[ ] Physical DOT
[ ] Physical Non DOT
[ ] Audiogram
[ ] Other: _____

[ ] RTW / Fit for Duty Eval.
[ ] TB Test
[ ] TB Chest x-ray
[ ] Pulmonary Function Test

2: DRUG SCREENS: *(choose REASON and TYPE)*

Reason for Test

[ ] Post Injury
[ ] Pre Hire
[ ] Reasonable Cause
[ ] Random
[ ] Observed
[ ] Follow Up
[ ] Return to Duty
[ ] OTHER:_____

Type of Test

[ ] 5 Panel Lab
[ ] 10 Panel Lab
[ ] 10 Panel Expanded Lab
[ ] 5 Panel Instant
[ ] 10 Panel Instant
[ ] If non negative send to lab

[ ] Urine Collection Only (use provided COC)
[ ] DOT Drug Screen
[ ] Hair Collection Only
[ ] BAT (Breath Alcohol Test)
[ ]DOT
[ ]Non DOT

[ ] St. Vincent's OHC 1 (Downtown)
2700 10th Avenue South
Professional Building #2, Suite 103
Birmingham, AL 35205
Phone: (205)930-2600 Fax (205) 930-2613
Monday-Friday 7:00am - 5:00pm

[ ] St. Vincent's OHC 2 (Homewood)
One Lakeshore Drive, Suite 301
Lakewood Medical Building, 3rd floor
Homewood, AL 35209
Phone: (205)930-2910 Fax: (205)930-2913
Monday - Friday 8:00am - 5:00pm

www.stvhs.com/ohc