



Occupational Health Clinics

Authorization for Treatment

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

Date: _____

Patient Name: _____ Social Sec #: _____

Duties Performed/Type of Work: _____

Employer: _____

Name of Person Authorizing Treatment: _____
(Please print name)

Phone #: _____ Special Instructions: _____

Type of Service to be Provided:

- | | |
|---|--|
| <input type="checkbox"/> Injury or Illness Care
Include <input type="checkbox"/> Post-accident drug screen | <input type="checkbox"/> Return to Work Evaluation |
| <input type="checkbox"/> Pre-placement / Post-offer Physical Exam
Include <input type="checkbox"/> Pre-placement drug screen | <input type="checkbox"/> Fitness for Duty Evaluation |
| <input type="checkbox"/> DOT Physical Exam
Include <input type="checkbox"/> DOT drug screen | <input type="checkbox"/> Audiogram |
| <input type="checkbox"/> Drug Screen Only (choose one):
<input type="checkbox"/> Pre-employment
<input type="checkbox"/> Post-accident
<input type="checkbox"/> Random
<input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Pulmonary Function Test
<input type="checkbox"/> Breath Alcohol Test |
| <input type="checkbox"/> Other: _____ | |

St. Vincent's OHC 1 (Southside)
2700 10th Avenue South, Suite 103
Professional Building #2
Birmingham, AL 35205
Phone (205)930-2600
Fax (205)930-2605
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