



# ASCENSION MEDICAL CLINIC

Occupational and Preventive Medicine

214 S. Burnside Ave., Suite A • Gonzales, LA 70737 • phone: 225-647-6636 • fax: 225-647-3849

## AUTHORIZATION FORM

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### WORKER'S

#### COMP:

\_\_\_\_\_ New Injury  
Bill To: \_\_\_\_\_ Worker's Comp Insurance: \_\_\_\_\_  
\_\_\_\_\_ Company

### PHYSICAL:

\_\_\_\_\_ Pre-placement  
\_\_\_\_\_ Fit for Duty (Job Position: \_\_\_\_\_) \_\_\_\_\_ Hazmat  
\_\_\_\_\_ CDL \_\_\_\_\_ Crane Operator  
\_\_\_\_\_ Asbestos \_\_\_\_\_ Coast Guard  
\_\_\_\_\_ Benzene \_\_\_\_\_ Confined Space  
\_\_\_\_\_ Silica \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Annual  
\_\_\_\_\_ Pre Exposure  
\_\_\_\_\_ Post Exposure  
\_\_\_\_\_ Travel

### DRUG SCREEN:

\_\_\_\_\_ Non-DOT \_\_\_\_\_ Quick Screen \_\_\_\_\_ DOT \_\_\_\_\_ DISA  
\_\_\_\_\_ 5 panel (DOT look-a-like) \_\_\_\_\_ 5 panel  
\_\_\_\_\_ 9 panel \_\_\_\_\_ 10 panel  
\_\_\_\_\_ Custom

Reason:  Pre Placement  Post Accident  Annual  Random  Reasonable Cause  
 Pre Access  Other (Specify) \_\_\_\_\_

### ALCOHOL:

\_\_\_\_\_ Non-DOT \_\_\_\_\_ DOT (Breath) \_\_\_\_\_ DISA  
\_\_\_\_\_ Saliva  
\_\_\_\_\_ Breath

### TESTING:

\_\_\_\_\_ Audiogram \_\_\_\_\_ EKG  
\_\_\_\_\_ Baseline \_\_\_\_\_ Pulmonary Function Test  
\_\_\_\_\_ Comparison \_\_\_\_\_ Respiratory Questionnaire Evaluation  
\_\_\_\_\_ Respiratory Fit Test \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Mask Type: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### X-RAYS:

\_\_\_\_\_ Chest \_\_\_\_\_ L-Spine \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
\_\_\_\_\_ PA \_\_\_\_\_ AP  
\_\_\_\_\_ PA & Lateral \_\_\_\_\_ AP & Lateral  
\_\_\_\_\_ AP, Lateral & Oblique

### INJECTIONS:

\_\_\_\_\_ Tetanus \_\_\_\_\_ PPD (TB Test) \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B  
\_\_\_\_\_ Flu \_\_\_\_\_ Other (Specify) \_\_\_\_\_

### BLOOD WORK:

\_\_\_\_\_ CBC \_\_\_\_\_ Chem. Panel \_\_\_\_\_ Blood Lead/ZPP  
\_\_\_\_\_ PSA \_\_\_\_\_ Heavy Metals \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_