



Midtown Occupational Health Services

AUTHORIZATION FOR MEDICAL TREATMENT AND/OR SERVICES

Patient's Name: _____ SSN: _____ DOB: _____

Employer: _____ Employer Phone: _____

Below Services Authorized by: _____ Date: _____

Check services that are authorized and/or required below:

INJURY TREATMENT:

Date of Injury: _____ Part of body injured: _____

DRUG SCREEN:

___ DOT Employee ___ Non-DOT employee

Check one ___ Post Accident ___ Random ___ For Cause ___ Pre-employment ___ Direct Observation

BREATH ALCOHOL:

Check one ___ Post Accident ___ Random ___ For Cause ___ Pre-employment

ANCILLARY SERVICES:

___ Post offer physical **without** drug screen ___ Post Offer physical **with** drug screen ___ DOT Physical

___ New Hire Asbestos Physical ___ Annual Asbestos Physical ___ Respiratory Physical ___ Pulmonary Function Test

___ Lead/ZPP ___ Haz-Mat physical **List of Exposures:** _____

OTHER:

Please go to Midtown Occupational Health Services for medical services and/or treatment.

Midtown Occupational Health Services, PC
2490 West 26th Avenue, Building A, Suite 300 Denver, CO 80211

Hours of Operation

Injury Care Monday – Friday 7:00 a.m.-6:00 p.m.
Pre Employment Drug Screening 7:00 a.m.-4:30 p.m.
DOT Drug Screening 7:00 am-3:00 p.m.
Phone: (303) 831-9393 Fax: (303) 831-6335