



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 w/ 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 (anything not listed above): _____

Por favor vaya a Midtown Occupational Health Services para servicios o tratamiento medico.

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

Horas de Operacion

Cuidado de Heridas-Lunes a Viernes 7:00 a.m.– 6:00 p.m.

Pre Exámenes de Droga para Empleo 7:00 a.m.- 4:30 p.m.

Exámenes de Droga DOT 7:00 a.m- 3:00 p.m.

Telefono: (303) 831-9393 Fax: (303) 831-6335