



# 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 26<sup>th</sup> 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**