



# Midtown Occupational Health Services

## AUTHORIZATION FOR MEDICAL TREATMENT AND/OR SERVICES

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

Employer: \_\_\_\_\_ Employer's 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 \_\_\_ No Drug Screen Needed

**Check one:** \_\_\_ Post Accident \_\_\_ Random \_\_\_ For Cause \_\_\_ Direct Observation

– **BREATH ALCOHOL:**

**Check one:** \_\_\_ Post Accident \_\_\_ Random \_\_\_ For Cause

– **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:**

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

**Midtown Occupational Health Services, PC**  
**2490 West 26<sup>th</sup> Avenue, Building A, Suite 300 Denver, CO 80211**

**Hours of Operation**

**Injury Care Monday – Friday 7:00 a.m.-5:00 p.m.**  
**Pre-Employment Drug Screening and Physical 7:00 a.m.-4:30 p.m.**

**DOT Drug Screening with Physical 7:00 am-2:00 p.m.**

**Phone: (303) 831-9393 Fax: (303) 831-6335**