



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.– 5:00 p.m.

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

Exámenes de Droga para DOT con Fisico 7:00 a.m- 2:00 p.m.

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