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

☐ **BREATH ALCOHOL (**Check one:)

☐ Post Accident ☐ Random ☐ For Cause ☐ Pre-Employment

☐ **ANCILLARY SERVICES** (Check all that apply)

☐ Post offer physical w/o 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): _____

Please go to Midtown Occupational Health Services for medical services and/or treatment.
Midtown Occupational Health Services, 2490 West 26th 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 Physicals: 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