



**Occupational
Medicine of
Columbus**

**Jack D. Sherrer, MD, MRO
Medical Director**

AUTHORIZATION FOR TREATMENT

Date: _____ Time: _____

Employee Name: _____

Employee SS#: _____

Employer: _____

Authorized by (please print): _____

Authorized by (signature): _____

SERVICES

Injury Treatment (Date of Injury): _____

PHYSICAL EXAMINATION

- Pre-Placement
- Annual
- Respiratory
- Return to Duty
- Other: _____

DOT PHYSICAL EXAMINATION

- Pre-Placement
- Recertification

OTHER SERVICES

- Audiometry
- Hepatitis B Shot
- Blood work (type) _____
- Spirometry

DRUG/ALCOHOL TESTING COLLECTION

- Post-Accident
- Reasonable Suspicion
- Return to Duty
- Pre-Employment
- Random
- Follow-Up

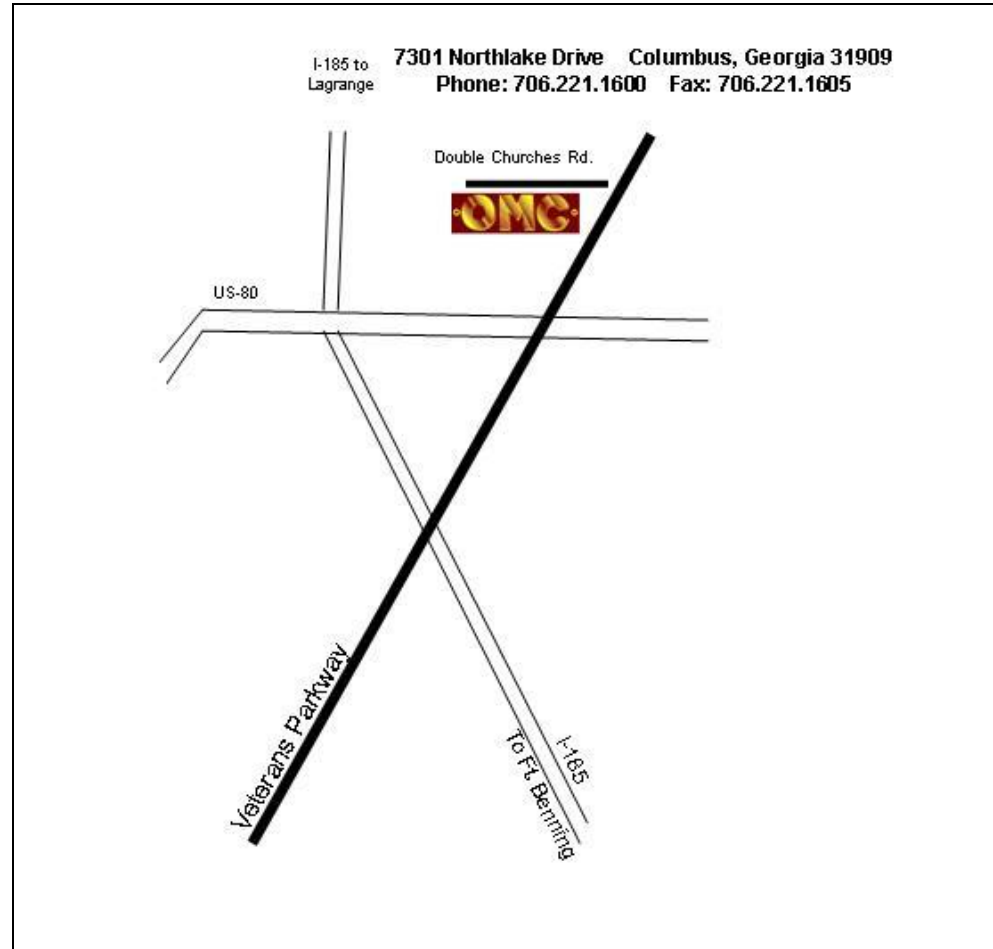
TYPE OF DRUG/ALCOHOL TESTING

- Quick Screen 5 Panel
- Quick Screen 8 Panel
- Quick Screen 10 Panel
- Breath Alcohol Test
- Collection Only
- 5 Panel (lab)
- 9 Panel (lab)
- 10 Panel (lab)
- Saliva Alcohol Test
- Hair Collection
- DOT 5 Panel

BILLING (Check if applicable)

- Employee to pay charges

Special Instructions/ Comments: _____



**AFTER-HOUR DRUG AND ALCOHOL TESTING
ON-CALL PAGER**

@

706-683-1634