

IRWINDALE INDUSTRIAL CLINIC

(626) 969-9800

**15768 Arrow Hwy
Irwindale, CA 91706**

TREATMENT AUTHORIZATION

EMPLOYER NAME

EMPLOYER PHONE NUMBER

Authorized by :

TITLE:



DATE:

TIME:

EMPLOYEE NAME

SERVICE REQUESTED

INJURY: DATE OF INJURY: CLAIM # : _____

INJURED BODY PART: DRUG TEST: YES NO

PHYSICAL EXAM / DRUG TEST

PHYSICAL EXAM TYPE: DOT NON-DOT

New Hire Annual Respirator Exam OTHER

EXAM NAME :

FIT FOR DUTY RETURN TO WORK EVALUATION

TB TEST CHEST X-RAY OTHER

DRUG/ALCOHOL TEST

REASON/PURPOSE:

- PRE-EMPLOYMENT
- POST-ACCIDENT**
- RETURN TO DUTY
- REASONABLE SUSPICION**
- RANDOM
- POST-INJURY**

TYPE:

- DOT DRUG TEST
- NON-DOT DRUG TEST
- INSTANT DRUG TEST
- DOT BREATH ALCOHOL TEST
- NON-DOT BREATH ALCOHOL TEST
- HAIR TEST

PICTURE ID REQUIRED FOR DRUG AND ALCOHOL TEST

**** SERVICES AVAILABLE 24/7 ****