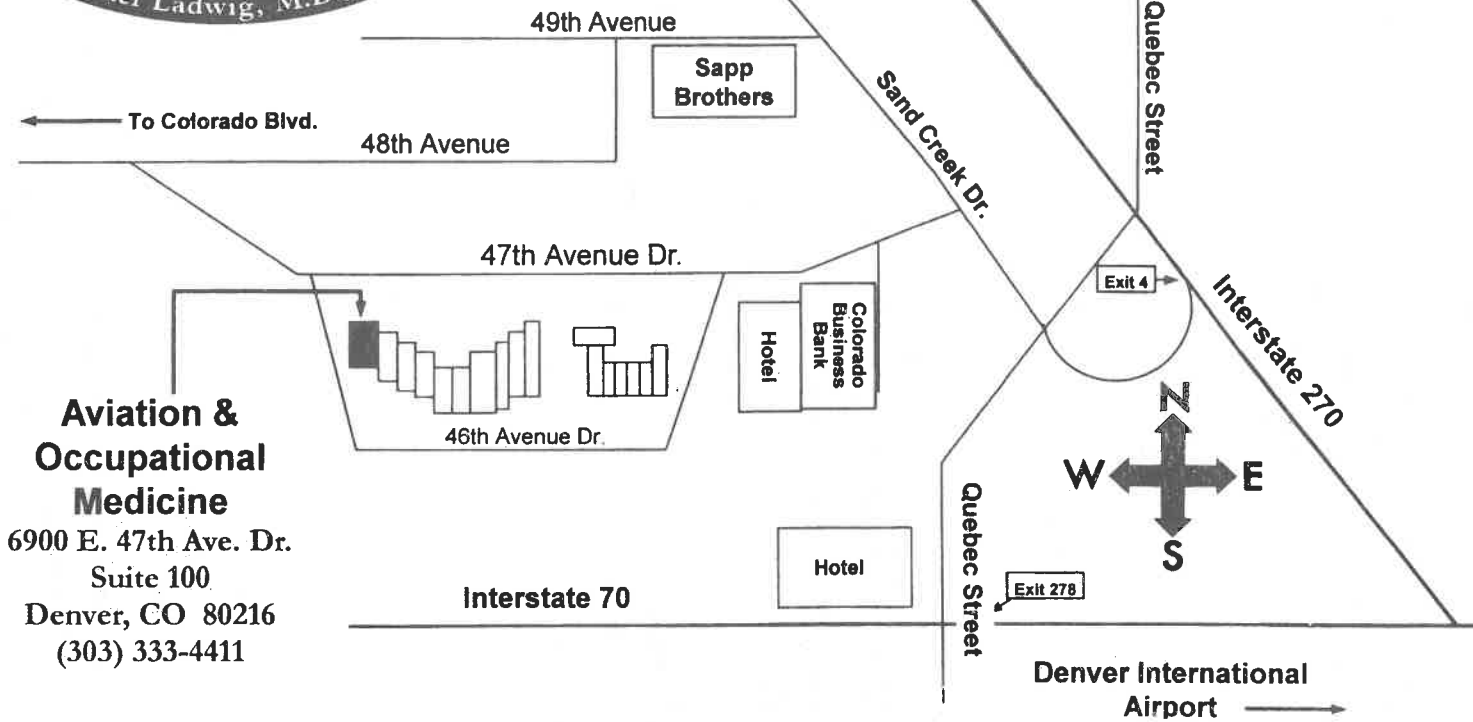




Office Hours
Monday - Friday
7:00am to 5:00pm



Aviation & Occupational Medicine
 6900 E. 47th Ave. Dr.
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 Denver, CO 80216
 (303) 333-4411

6900 E. 47TH AVENUE DR. SUITE 100
 DENVER, CO 80216
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Treatment Authorization

Date _____
 Company _____
 Employee Name _____
 Supervisor Name _____
 Supervisor Phone _____
 Date of Injury _____ Time of Injury _____

Check all That Apply:

Medical Treatment: On the Job Injury Off the Job Injury
Return to Work Evaluation:
Physical Examination: DOT New Hire DOT Re-Certification
 Respiratory Physical Other/Specify _____
Drug Screen: DOT Non-DOT Hair Test Stat Test
Breath Alcohol Test: DOT Non-DOT
Reason for Drug and /or Alcohol Testing:
 Pre-Employment Random Follow-Up
 Post-Accident Reasonable Suspicion

Add'l Info: _____

Type of Injury (describe complaint): _____

Treatment Authorized By: _____

Verbal Authorization Obtained From: _____
MEDICAL OFFICE USE ONLY
Staff Signature: _____ **Date:** _____

SEE MAP ON REVERSE