FMOL Health

3282 Drusilla Lane
Baton Rouge, LA 70809
Phone: (225) 924-4460 Fax: (225) 927-0547

AUTHORIZATION FORM

Send the form with your employee or **fax** it to: **(225) 927-0547** **DATE:** _____

EMPLOYEE NAME: _____ **DATE OF INJURY:** _____

COMPANY NAME: _____ **PHONE:** _____

COMPANY ADDRESS: _____ **FAX:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PO/JOB #:** _____

SUPERVISORS NAME: _____ **PHONE:** _____

SEND REPORTS VIA: □ **FAX**_____ □ **E-MAIL**_____

□ **MAIL** _____ □ **OTHER**_____

SEND INVOICE TO: □ **COMPANY** □**BILL EMPLOYEE** □**DRUG LAB** □**PAYMENT AT TIME OF SERVICE**

ADDRESS TO SEND INVOICE TO:_____ **A/P PHONE:**_____

******SERVICES RENDERED ON CHECKED ITEMS ONLY******

PHYSICAL EXAMS
- □ DOT Physical-**FEDERAL**
- □ DOT Physical-**STATE**
- □ Non-DOT
- □ Hazardous Waste
- □ Crane Operators
- □ Merchant Mariner/CG
- □ Other _____

REASON FOR TEST
- □ Pre-Employment
- □ Annual
- □ Random
- □ Post-Accident
- □ Reasonable Cause
- □ Follow- Up
- □ Return to Duty
- □ Other _____

WORK COMP INJURY
- □ Bill Above Named Company
- □ Bill Insurance Carrier

Insurance Carrier Info:
Name: _____
Address: _____
Phone: _____
Adjuster: _____
Claim #: _____

***It is the responsibility of the company to call in a First Report of Injury (Form IA-1) to your workers compensation insurance carrier.**

URINE DRUG SCREEN
- □ DOT (CDL) *
- □ Non-DOT
- □ DOT Collection Only *
- □ Non-DOT Collection Only
- □ Quick Screen
- □ **OBSERVATION** required for drug screen

ORAL FLUID DRUG SCREEN
- □ Non-DOT

HAIR SAMPLE DRUG SCREEN
- □ Psychemedics (House Acct)
- □ Omega
- □ Quest

ALCOHOL TESTING
- □ DOT
- □ Non-DOT
- □ Breath
- □ Saliva

***ALL DOT DRUG SCREENS MUST SPECIFY TESTING AGENCY**
- □ HHS
- □ NRC
- □ FMCSA
- □ FAA
- □ FRA
- □ FTA
- □ PHMSA
- □ USCG

TEST
- □ Audiogram
- □ Pulmonary
- □ Respirator Fit

(Type of Mask) _____ _____

- □ Chest X-Ray (1 view)
- □ Chest X-Ray (2 views)
- □ EKG
- □ Lumbar X-Ray (2 views)
- □ Lumbar X-Ray (3 views)
- □ Lumbar X-Ray (5 views)
- □ Eye Exam Only
- □ Cervical X-Ray (2 views)
- □ Cervical X-Ray (5 views)
- □ Other: _____

INJECTIONS
- □ Hepatitis B Vaccine
- □ Influenza Vaccine
- □ Tetanus Shot
- □ TB Skin Test
- □ Other: _____

LABORATORY TEST
- □ Industrial Chem
- □ CBC
- □ Lead Blood
- □ ZPP (Zinc)
- □ HIV
- □ Other: _____

AUTHORIZED BY:_____ **TITLE:** _____
(PRINT NAME) (REQUIRED)