



Business Office:
 149M Highway 31, Flemington, NJ 08822
 908-782-7700 Fax 908-782-3644
 www.thedoctorisin.net

Employer's Authorization for Treatment

EMPLOYEE/PATIENT: _____ DATE: _____ TIME: _____

EMPLOYER: _____ AUTHORIZED BY: _____ PHONE: _____

Employer accepts financial responsibility for the initial visit even if it is deemed non-work related.

INJURY TREATMENT	
TYPE OF INJURY: _____	
DATE OF INJURY: _____	
POST ACCIDENT DRUG TEST REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRUG SCREEN/ALCOHOL SCREEN*	
Type:	Reason:
<input type="checkbox"/> Urine Drug & Alcohol Screen (Not DOT) (399)	<input type="checkbox"/> New Hire/Pre-Employment
<input type="checkbox"/> Drug Screen (Non DOT) (395)	<input type="checkbox"/> Post Accident
<input type="checkbox"/> Drug Screen (DOT) (397)	<input type="checkbox"/> Random
<input type="checkbox"/> Breath Alcohol Test (82075)	<input type="checkbox"/> Reasonable Cause/Suspicion
<input type="checkbox"/> Drug Screen & Breath Alcohol Test (DOT) (397 & 82075)	<input type="checkbox"/> Return to Work
<input type="checkbox"/> Collection Only (99000)	

*Drug Screen Instructions: Photo ID (Drivers License/Employer ID)

Do not urinate within 15 minutes prior to arrival at office

PHYSICAL EXAM	
Type:	Reason:
<input type="checkbox"/> Physical (No Urinalysis)	<input type="checkbox"/> New Hire
<input type="checkbox"/> Physical & Urinalysis (P4)	<input type="checkbox"/> Re-Cert
<input type="checkbox"/> Physical, Urinalysis, Drug Screen (Non DOT) (P2)	<input type="checkbox"/> Periodic
<input type="checkbox"/> Physical, Urinalysis, Drug Screen (DOT) (P1)	
<input type="checkbox"/> Return to Work Physical (Personal Injury/Illness)	
GENERAL MEDICAL SERVICES	IMMUNIZATIONS
<input type="checkbox"/> Audiogram	<input type="checkbox"/> Flu
<input type="checkbox"/> Bloodwork/Lab Testing – Please Specify _____	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> Meningococcal
<input type="checkbox"/> EKG	<input type="checkbox"/> Pneumovax
<input type="checkbox"/> Mantoux	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pulmonary Function Test <input type="checkbox"/> w/ Respirator Clearance	Travel Immunizations:
<input type="checkbox"/> Vision Test	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Japanese Encephalitis
	<input type="checkbox"/> Polio
	<input type="checkbox"/> Typhoid
	<input type="checkbox"/> Yellow Fever

I understand that if my condition is deemed to be non-work-related, I will be personally responsible for payment. I authorize The Doctor Is In to release my records pertaining to the treatment and/or payment of services provided under this authorization to any relevant Employer, Insurance Company, Hospital and/or Physician.

Employee Signature

Phone No.

CLINTON
 59 Old Route 22
 (Across from Unity Bank)
 908730-6363 Fax 908 730-8185
 Hours: 8 a.m. – 10 p.m. Every Day,
 365 Days a Year
OPEN HOLIDAYS

FLEMINGTON
 149 Highway 31
 (Next to Flemington Dept. Store)
 908 782-7700 Fax 908 782-3644
 Hours: 8 a.m. – 8 p.m. Mon-Fri
 9 a.m. – 2 p.m. Weekends
 Closed Major Holidays* Call Before Visit

PHILLIPSBURG
 1205 US Route 22
 (In Home Depot Shopping Center)
 908 213-2211 Fax 908 213-9913
 Hours: 8 a.m. – 8 p.m. Mon-Fri
 9 a.m. – 2 p.m. Weekends
 Closed Major Holidays* Call Before Visit