

Authorization for Examination or Treatment

ALTMED MEDICAL CENTER

8708 SUDLEY ROAD, MANASSAS, VA 20110

Ph: 703-361-4357 Fax: 703-361-0346

(Patient Must Present Photo ID at Time of Service)

Patient Name:	Patient ID/SSN: - -
Company:	Job / P.O.#:
Address:	Ph:

REASON FOR THIS VISIT *Please check ALL services requested*

Pre-Employment	Random	Reasonable Cause	Recheck
Post Accident	Company Specific Protocol:	Return to Duty	

Substance Abuse Testing

DOT Urine Drug Test:	Non DOT- Panel:	Instant drug screen:
DOT Breath Alcohol:	Non DOT Breath Alcohol	Hair collection:

Physical Examination

NON- DOT Physical	Lead	Benzene	
DOT Physical	Operator	Annual	Baseline
HAZWOPER	Asbestos	Other:	

Injury Treatment

Laboratory Test

Chest X-Ray

Workmen's Comp.	Lead / ZPP (blood)	1 View	
Gen. Liability	CBC / Industrial Chemistry	2 View	B reader

Ancillary Test

Audiogram	EKG
Respirator Clearance	Pulmonary Function (PFT)

Please write next to box for extra services.

Human Performance Evaluation*	_____	*Due to the nature of these services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying you to the medical center.
Ergonomics Testing	_____	
_____	_____	

Injections

Flu Vaccine	Hepatitis B	Tetanus Shot
TB Skin Test	Other:	

24/7 Mobile Drug Screen/Alcohol Collections. After hours Ph: (703)485-2000

AUTHORIZED BY: _____ Contact Phone: _____

ALTMED offers urgent care services for non-work related illness and injury. We accept many insurance plans