

**Authorization for Examination or Treatment****ALTMED MEDICAL CENTER**

8551 Rixlew Lane Suite #140 A, Manassas, VA, 20109

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