



# AUTHORIZATION FOR SERVICES

821 E Broadway Ave Ste 1  
Moses Lake, WA 98837

Phone: 509-350-4785  
Fax: 509-380-9591  
occmed@nwmedicalgroupwa.com

Today's Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_ DOB \_\_\_\_\_ Employee Phone # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Authorized by \_\_\_\_\_ Phone \_\_\_\_\_

Email/Fax to Invoice for Services \_\_\_\_\_

### CHECK ALL SERVICES REQUIRED

Services will be conducted and resulted according to your established protocols

<p style="text-align: center;"><b>DRUG &amp; ALCOHOL TESTING</b> <i>Test Type(s) and Reason are required</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><b>Test Type(s)</b></td> <td style="width:50%;"><b>Reason</b></td> </tr> <tr> <td>DOT Drug Test Panel</td> <td>Pre-Employment</td> </tr> <tr> <td>NonDOT Instant Drug Test Panel</td> <td>Random</td> </tr> <tr> <td>    4 panel (no marijuana)</td> <td>Reasonable Susp/For Cause</td> </tr> <tr> <td>    5 panel</td> <td>Post-Accident Injury</td> </tr> <tr> <td>    10 panel</td> <td>Follow-Up</td> </tr> <tr> <td>EST/Breath Alcohol</td> <td>Return to Duty</td> </tr> <tr> <td>Other Special Requirements:</td> <td></td> </tr> </table> <hr/> <hr/> <hr/>	<b>Test Type(s)</b>	<b>Reason</b>	DOT Drug Test Panel	Pre-Employment	NonDOT Instant Drug Test Panel	Random	4 panel (no marijuana)	Reasonable Susp/For Cause	5 panel	Post-Accident Injury	10 panel	Follow-Up	EST/Breath Alcohol	Return to Duty	Other Special Requirements:		<p style="text-align: center;"><b>PHYSICAL EXAMINATIONS</b> <i>Exam Type and Reason are required</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><b>Exam Type</b></td> <td style="width:50%;"><b>Reason</b></td> </tr> <tr> <td>DOT Exam</td> <td>Post-offer /Pre-Placement</td> </tr> <tr> <td>Level 1 Physical</td> <td>Recertification</td> </tr> <tr> <td>Respirator Certification</td> <td>Initial/Baseline</td> </tr> <tr> <td>Asbestos</td> <td>Periodic/Annual</td> </tr> <tr> <td>Level 2 Physical</td> <td>Exit</td> </tr> <tr> <td>Other or Special Requirements:</td> <td>Return to Duty</td> </tr> </table> <hr/> <hr/> <hr/>	<b>Exam Type</b>	<b>Reason</b>	DOT Exam	Post-offer /Pre-Placement	Level 1 Physical	Recertification	Respirator Certification	Initial/Baseline	Asbestos	Periodic/Annual	Level 2 Physical	Exit	Other or Special Requirements:	Return to Duty
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### EMPLOYEE AUTHORIZATION:

*I certify that the information provided is correct and authorize NORTHWEST MEDICAL GROUP to review the results and release them to my employer, prospective employer or employer's authorized personnel, for purpose of employment, pre-employment or screening.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_