

Authorization For Services

EMPLOYEE INSTRUCTIONS: Please bring this form with you when you come to HealthRoute. The office requires the information on this form in order to correctly process your test. Please note failure to present this form to the office at the time of service may delay the processing of your test.

Person requesting service: _____

Company name: _____

Date of Authorization: _____

Employee name: _____

Payment will be made by: Choose one

Company Employee

Type of Service Requested: Choose one

Federal/DOT Non-federal/Non-DOT

Please specify service needed: Choose one or more

DRUG SCREEN

Reason for test **(circle one)**:

pre-employment, random, post accident, reasonable cause, follow up

BREATH ALCOHOL TEST

Reason for test **(circle one)**:

pre-employment, random, post accident, reasonable cause, follow up

URINE COLLECTION ONLY (**employer provides chain of custody form**)

Reason for test **(circle one)**:

pre-employment, random, post accident, reasonable cause, follow up

DOT PHYSICAL EXAM

HealthRoute

**4985 Hoffner Ave. Between Semoran Blvd and Conway Rd.
Walk-Ins Welcome M, T, TH, F : 9am-5pm and Wed 9am-1pm**