



## Authorization/Referral Form

3100 Windsor Ct. Elkhart, IN 4651  
Ph: 574-266-6555 Fax: 574-266-6888

420 N. Main St. Middlebury, IN 46540  
Ph: 574-285-3400 Fax: 574-825-3424

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS # \_\_\_\_\_

Company Name: \_\_\_\_\_

Authorized by:  
Print \_\_\_\_\_ Signature \_\_\_\_\_

### TREATMENT REQUEST

Patient Pay       Company Pay

- DOT Physical                       Industrial Physical Pre-Placement                       PFT
- Respirator Approval               Respirator Fit Test     Audiogram
- W/C Initial                               W/C Follow Up     TB/Mantoux
- Hep B Vaccine                       Tetanus     COVID-19 Rapid Swab
- Other \_\_\_\_\_

### DRUG AND ALCOHOL TEST

OBSERVE       DO NOT OBSERVE

- DOT Drug Test                       Saliva Alcohol Test     Breath Alcohol Test
- Urine Collection only               Hair Test     Oral Drug Screen
- Rapid Drug Screen (choose panel below)
- 4 Panel       5 panel       6-10 panel

### REASON FOR TEST

- Pre-Placement       Post-Accident       Reasonable Cause                       Random

\*\*\*Picture ID Required for All Drug Tests and Work Injury Visit \*\*\*