COMBI Comprehensive OCCUPATIONAL MEDICINE for Business & Industry

9210 Florida Palm Drive | Tampa, FL 33619
813.246.4277 (phone) | 813.246.4654 (fax)

Treatment Authorization Form

Directions:
Employers, please print and complete this form. Direct your employee/patient to bring this form and picture ID, either state driver's license, government issue ID card, or employee identification card to their appointment.

Company name: ______________________________

Address: ______________________________

Phone: (   ) ______________________ Fax: (   ) ______________________

Authorizing Name ______________________________

Authorizing Signature ______________________ Date: ______________

Patient name: ______________________________

Patient date of birth or employee ID: ______________________________

Services required:

- ❍ DOT Drug Screen
- ❍ Non-DOT Drug Screen
- ❍ DOT Breath Alcohol Test
- ❍ Non-DOT Breath Alcohol Test
- ❍ Hair Drug Screen Collection
- ❍ Blood Alcohol Collection

Physical

- ❍ Physical Exam (please specify type if possible)
- ❍ DOT/FMCSA Certification Exam
- ❍ Return-to-Work Evaluation
- ❍ Respiratory Clearance Exam
- ❍ USCG Mariner Examination

❍ Injury

❍ Other – please explain ______________________________

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