

## **AUTHORIZATION FORM**

P: 304-933-3651 F: 304-933-3657



Employee Name: SSN: Company Name:		
Designated Employee Representative (DER):		
DER Phone Number:		
REASON FOR TESTING	Physical Exams	Vaccines-COVID
☐Pre Employment☐Random	☐ Employment Exam☐ DOT Physical Exam	☐ COVID Antigen RAPID-Blood☐ COVID RAPID-NASAL Swab
□Post Accident	☐ Class D DOT Exam	☐ COVID KAPID-NASAL SWab
☐ Reasonable Suspicion	☐ Insurance Exam	employee will need to
☐ Return to Duty	Other	see the doctor
☐ Follow Up	Hair Follicle Testing	□Flu
☐ DIRECT OBSERVE	□5 panel + OXY	□ PPD-TB □ TD-Tetanus
Urine Drug Screens	CONSOL PRE EMP	TD-Tetallus
☐ Use AOM MRO	REQUIRED 1-2020	Workers Comp
□ <b>DOT</b> Check Modality	Alcohol Tosting	☐ Charge Company Directly
□FMCSA	Alcohol Testing  □ DOT	☐ Bill Insurance Carrier☐ Injury Treatment
□PHMSA □FAA	□ Non-DOT	a mjary reactivene
□FTA	☐Evidential BAT	DIRECTIONS
□FRA	☐ RAPID BAT	Exit #121 North
□uscg	<b>Ancillary Services</b>	Turn Rt off the exit
RAPID Expanded Panel	☐ Spirometry	At the 2 <sup>nd</sup> light turn right into the parking lot.
□ NON DOT □5 panel (30C7)	☐ Audiometry	1370 Johnson Ave.
□10 panel (89848)	☐ Vision Exam	Bridgeport, WV 26330
☐Antero (30VM)	☐ XRay-LS Spine 4-view☐ XRay-CXR PA/LAT	
Consol (PL12)	□ EKG	Thank you for choosing Advantage Occupation Medicine and BEC as
□MSHA (PN81) □First Energy (PN81)	☐ LAB-CBC	your service provider. If you are in
□Summit (30C7)	☐ LAB-Comp Metabolic	need of other services such as
□xto (wG71)	Panel □Other:	randomization and compliance services, please contact 304-933-
☐Collection Only		3651.
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I authorize Advantage Occupational Medicine and/or Bridgeport Express Care to treat the employee listed above for the selected services .		
Authorized Signature	 Date	 Phone Number
Fmail Address	Fax Number	

How would you like us to transmits your results: