Alliance Health Resources

Authorization Form

Deer Park Family Clinic, P.A.
2910 Center Street
Deer Park , TX 77536

Date:	SS#:
Patient Name:	DOB:
Company:	Authorized By:
Address:	PO # / Job Site:
Phone:	Fax:

X	PHYSICALS
Pre-Employment[ ] Annual[ ] Re-Certification[ ]	
	Asbestos CFR 1910.1001
	Benzene CFR 1910.1028(i)
	Butadiene CFR 1910.1051(k)
	Ethylene Oxide CFR 1910.1047(i)1926.1147
	HAZWOPER CFR 1910.120(f)
	Vinyl Chloride CFR 1910.1017(k)
	DOT Physical
	Vehicle / Equipment Operator Physical
	Pre-Employment Physical
	Respirator Clearance
	Return to Work

X	Drug / Alcohol Screening
Pre-Employment[ ] Random[ ] Cause[ ] Post-accident[ ]	
	DOT Drug Screen
	DOT Breath Alcohol
	Non-DOT Drug Screen
	Non-DOT Breath Alcohol
	Urine Alcohol
	Non-DOT Drug Screen **(DISA)**
	Non-DOT Breath Alcohol **(DISA)**
	Urine Alcohol **(DISA)**
	Instant Drug Screen

Other / Comments

X	Respirator Fit Testing	
	3M 6000 Full Face	
	3M 6000 Half Face	
	3M 5000 Half Face	
	3M 7800	
	Drager Panorama Nova Full Face	
	MSA Comfo Elite Half Face	
	MSA Comfo II Half Face	
	MSA Comfo Classic Half Face	
	MSA Advantage Full Face	
	MSA Ultra Twin Full Face	
	Scott AV 2000 Full Face	
	Scott AV 3000 Full Face	
	Survivair Premier Plus Half Face	
	Survivair Classic 4000 Full Face	

X	Additional Screenings	
	Audiometric	
	Pulmonary Function	
	Resting EKG	
	Chest X-ray PA view	
	Chest X-ray PA & Lateral views	
	Lumbar X-ray 2 views	
	Visual Acuity Screen - TITMUS	

X	Lab	
	CBC	
	Urinalysis	

Workers Compensation / Post injury Care

Date of Injury:	Is Drug or Alcohol Screening Required? Yes[ ] No[ ]
Bill to: **Company[ ] Insurance Carrier[ ]**	**If "yes" please indicate type above**
Insurance Carrier:	Adjuster:
Address:	Phone:
	Claim #:
Authorization Signature:	Date:
	Title:

FAX (281) 479-8459 **Phone (281) 479-5941**