Health Care Center of Miami

PHONE: (305)888-6959 FAX (305)887-8198

MEDLEY:
7911 NW 72ND AVE., SUITE 111 & 112,MEDLEY, FL 33166
HOURS: 7:30 AM TO 6 PM, MONDAY -FRIDAY

PEMBROKE PINES:
1460 S. PALM AVE. PEMBROKE PINES FL 33025
HOURS: 8 AM TO 4:30 PM, MONDAY -FRIDAY

LITTLE HAVANA:
711 NW 21ST COURT, MIAMI FL 33125
HOURS: 8 AM TO 4:30 PM, MONDAY -FRIDAY

AUTHORIZATION FOR TREATMENT

Patient Name: _____

Company Name:_____

Phone: _____

Injury: ☐ Yes ☐ No Date Of Injury: _____

Injury Description: _____

_____

Drug Test: ☐ Yes ☐ No

- ☐ DOT (Federal)
- ☐ Drug Free Work place (Florida)
- ☐ Rapid (Instant)
- ☐ Hair
- ☐ Other

Alcohol Test: ☐ Yes ☐ No

- ☐ Breath (DOT)
- ☐ Breath (Non-DOT)
- ☐ Blood

Reason for test:

- ☐ Pre-employment
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Suspicion
- ☐ Return to Duty
- ☐ Follow Up
- ☐ SAP
- ☐ Other _____

Other Testing: ☐ Audiogram ☐ PFT ☐ EKG ☐ Vision Test ☐ Fit Test ☐ Lab ☐ X-Ray

Physical Exam: ☐ Yes ☐ No

- ☐ DOT
- ☐ Company
- ☐ Abestos
- ☐ Respiratory
- ☐ Security
- ☐ Police
- ☐ Other: _____

Immunization: _____

- ☐ Patient will pay
- ☐ Company will pay

Authorization Expiration:

DATE: _____ Time: _____

TEST AUTHORIZED BY

Name: _____ ***Signature:*** _____

Title: _____