



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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Test: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DOT (Federal)	<input type="checkbox"/> Breath (DOT)
<input type="checkbox"/> Drug Free Work place (Florida)	<input type="checkbox"/> Breath (Non-DOT)
<input type="checkbox"/> Rapid (Instant)	<input type="checkbox"/> Blood
<input type="checkbox"/> Hair	
<input type="checkbox"/> Other	
Reason for test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion	
<input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow Up <input type="checkbox"/> SAP <input type="checkbox"/> Other _____	

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

Physical Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DOT <input type="checkbox"/> Abestos <input type="checkbox"/> Security <input type="checkbox"/> Other: _____
<input type="checkbox"/> Company <input type="checkbox"/> Respiratory <input type="checkbox"/> Police

Immunization: _____

<input type="checkbox"/> Patient will pay	Authorization Expiration: DATE: _____ Time: _____
<input type="checkbox"/> Company will pay	

TEST AUTHORIZED BY

Name: _____ *Signature:* _____

Title: _____