

# Glenside Medical Associates, P.C.

4000-A Glenside Drive  
Richmond, VA 23228  
(804) 262-4763 Fax: (804) 264-9683

Hours of Operation:

Mon. - Fri.: 8am to 4:00 pm (All Drug Screen candidates MUST be signed in by 3:30 pm)

## AUTHORIZATION FOR TREATMENT

DATE: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

### MEDICAL SERVICES REQUIRED

(Please check ALL information required)

INJURY TREATMENT (WORKMAN'S COMP) \_\_\_\_\_ INITIAL VISIT \_\_\_\_\_ FOLLOW UP \_\_\_\_\_

DOT PHYSICAL: \_\_\_\_\_

NEW CERTIFICATION \_\_\_\_\_ RE-CERTIFICATION \_\_\_\_\_ NON CDL \_\_\_\_\_

NON-DOT PHYSICAL: \_\_\_\_\_

PRE EMPLOYMENT \_\_\_\_\_ RETURN TO DUTY \_\_\_\_\_ HAZMAT \_\_\_\_\_ RESPIRATORY CLEARANCE \_\_\_\_\_

### DRUG SCREEN / BREATH ALCOHOL SERVICES REQUIRED

DRUG SCREEN \_\_\_\_\_

BREATH ALCOHOL \_\_\_\_\_

DOT \_\_\_\_\_

DOT \_\_\_\_\_ NON-DOT \_\_\_\_\_

NON-DOT \_\_\_\_\_ 5 Panel \_\_\_\_\_ 10 Panel \_\_\_\_\_ Send to Lab \_\_\_\_\_ INSTANT \_\_\_\_\_

HAIR \_\_\_\_\_

**\*\*REASON FOR TESTING:** Pre Employ \_\_\_\_\_ Random \_\_\_\_\_ Post Accident \_\_\_\_\_ Reasonable \_\_\_\_\_ Return to Duty \_\_\_\_\_  
Suspicion

### Ancillary Services:

PPD \_\_\_\_\_ AUDIOGRAM \_\_\_\_\_ SPIROMETRY \_\_\_\_\_

FIT TEST \_\_\_\_\_ IMMUNIZATIONS \_\_\_\_\_ (Specify Type) \_\_\_\_\_

OTHER \_\_\_\_\_