

Glenside Medical Associates, P.C.

4000-A Glenside Drive

Richmond, VA 23228

(804) 262-4763

Fax (804) 264-9683

Hours

Mon – Thurs: 8 a.m. - 4 p.m.

Fri: 9 a.m. - 4 p.m.

AUTHORIZATION FOR TREATMENT

DATE: _____ APPOINTMENT DATE: _____

PATIENT NAME: _____ SS# _____

COMPANY NAME: _____

ADDRESS: _____

BILLING ADDRESS: _____

AUTHORIZED BY: _____

PHONE NUMBER: _____ FAX _____

**FAX THE WORK RELEASE FORM WITH DX TO EMPLOYER
IMMEDIATELY AFTER TREATMENT FAX# _____**

TREATMENT REQUIRED

(PLEASE CHECK ALL REQUIRED)

INJURY TREATMENT: _____

DOT PHYSICAL NEW CERTIFICATION RECERT

PHYSICAL EXAM PHYSICAL TYPE: _____

PICTURE ID REQUIRED!

- | | | |
|---|---|---|
| <input type="checkbox"/> URINE DRUG SCREEN | <input type="checkbox"/> DOT | <input type="checkbox"/> NON-DOT |
| <input type="checkbox"/> PRE-EMPLOYMENT | <input type="checkbox"/> RANDOM | |
| <input type="checkbox"/> POST ACCIDENT/INJURY | <input type="checkbox"/> REASONABLE SUSPICION | |
| <input type="checkbox"/> BREATH ALCOHOL TEST | <input type="checkbox"/> DOT | <input type="checkbox"/> NON-DOT |
| <input type="checkbox"/> RANDOM | <input type="checkbox"/> POST ACCIDENT/INJURY | <input type="checkbox"/> REASONABLE SUSPICION |

OTHER (PLEASE SPECIFY) _____
