



# INSIGHT

HOSPITAL & MEDICAL CENTER COLDWATER

## OCCUPATIONAL HEALTH CLINIC

370 E. CHICAGO ST. SUITE 200

COLDWATER, MI 49036

P: 517-279-5323 F: 517-279-5259

### Authorization of Services

Name: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Drug Screen Testing is available on a walk-in basis, Monday thru Friday 8:30am to 4:00pm**

#### SERVICE REQUESTED

##### Physical Exam

- Post-offer/Pre-Hire
- DOT
- Return to Work

##### Work-related

- Injury
- Follow-Up

##### Substance Abuse Drug Program

- DOT
- Non-DOT

##### Other

- Audiogram
- Pulmonary Function Test
- Immunization
- Tetanus

##### Reason

- Post-offer/ Pre-hire
- Post-Injury
- Post-Accident
- Reasonable Cause
- Random
- Breath Alcohol Testing

#### Consent for Release of Information:

I hereby authorize Insight Occupational Clinic, its practitioners and staff, to release any information pertinent to this specific injury/illness and/or physical examination and/or drug or alcohol screen results to my Employer, Prospective Employer, Employer's Medical Review Officer, or Third-Party Administrator. IN addition, I hereby release Insight Occupational Health, its practitioners and staff, from any and all claims of actions resulting from the disclosure of these results. I hereby give consent to Insight Occupational Health Clinic, its practitioners and staff, for examination and treatment.

Employee/Patient Signature \_\_\_\_\_

Date \_\_\_\_\_