

Treatment Authorization Form

Company: _____

Company Contact: _____ Phone: _____

Employee Name: _____

Photo I.D. is required to complete all drug/alcohol screenings. Participant must be well-hydrated to give a urine specimen. If patient is under 18 years of age, parent or legal guardian consent is required.

Patient is here for the following test(s):

- **Drug & Alcohol Testing:**

1. **TESTING PROTOCOL:**

DOT

Drug Alcohol

Select Authority:

FMCSA FAA FRA

PHMSA FTA USCG

NONDOT

Drug Alcohol

Lab Based: 5 10

Rapid: 5 10

2. **TEST REASON:**

Pre-employment Post Accident Random

Reasonable Susp. Return-to-duty Follow-Up

- **Medical Services:**

Injury Treatment TB Skin Test Audiogram Respiratory Exam DOT Physical

Pre-Employment Physical Flu Vaccine

Other _____

IF A DRUG TEST IS REQUIRED WITH A PHYSICAL, THE EMPLOYER MUST ALSO COMPLETE THE DRUG & ALCOHOL SECTION ABOVE.

- **CLINIC LOCATIONS:**

<input type="checkbox"/> MENASHA:	1186 Appleton Road	Phone (920) 727-8700	Fax (920) 727-8705
<input type="checkbox"/> Merrill:	601 South Center Ave	Phone (715) 536-5511	Fax (715) 539-5092
<input type="checkbox"/> OSHKOSH:	1855 S. Koeller ST.	Phone (920) 223-7075	Fax (920) 223-7105
<input type="checkbox"/> RHINELANDER:	1020 Kabel Ave	Phone (715) 361-2825	Fax (715) 361-2902
<input type="checkbox"/> STEVENS POINT:	5412 Hwy 10 E	Phone (715) 346-5243	Fax (715) 346-5419
<input type="checkbox"/> TOMAHAWK:	401 W Tomahawk Dr	<i>call the Rhinelander location to make an appointment</i>	
<input type="checkbox"/> WAUSAU:	1901 Westwood center Blvd	Phone (715) 355-9401	Fax (715) 355-9424