Authorization for Examination or Treatment

Patient Must Present Photo ID at Time of Service

You may email this form to: authorizations@nvohc.com

All services will be conducted in accordance with your company's existing protocols on file at Nevada Occupational Health Center unless otherwise specified. Company specific forms must be presented at time of service or our standard forms will be utilized. See our website for more information and printable forms at www.NVOHC.com .

DATE OF AUTHORIZATION:_____

PATIENT NAME:_____SOCIAL SECURITY #: _____

EMPLOYER:_____AUTHORIZED BY:_____

STREET ADDRESS:_____LOCATION NUMBER:_____

PHONE:_____Fax or Email: _____

Please mark all that apply.

☐ EMPLOYER PAY ☐ EMPLOYEE PAY

☐ WORK INJURY

Date of Injury:_____

☐ SUBSTANCE ABUSE TESTING :

Reason for testing:

___Pre-placement ___Reasonable Cause

___Post Accident ___Random

Type of testing:

___Regulated ___Non-Regulated

_____

___Urine ___Breath Alcohol

___Hair Collect ___Rapid Test

☐ SPECIAL INSTRUCTIONS:

_____

_____

_____

☐ PHYSICAL EXAMINATION:

___Pre-employment

___ Annual

___ DOT/CDL physical

___ Other: _____

☐ SPECIAL EXAMINATION:

___Respirator Medical Clearance

___Respirator Fit test

___ Pulmonary Function Test

___Audiogram

___Lift test

___ TB Skin Test

___ Quantiferon Gold (For Tuberculosis)

___Other _____

Email: authorizations@nvohc.com

Nevada Occupational Health & Injury Care Center – 3488 Goni Road, Suite 141 – Carson City, NV 89706

Phone 775 887-5030 – Fax 775 887-5040