



NORTH MISSISSIPPI MEDICAL CLINICS

WORK LINKsm

844 South Madison - Tupelo MS 38801

Phone: 662-377-5300

Fax: 662-377-6737

Authorization for treatment or service

Date: _____

From: _____
(Company name) (P O Box or street address)

(City, State & Zip Code) (Phone and fax numbers)

We are authorizing the following designated services to be performed on/for the employee listed below:

(Employee Name) (Employee Social Security No.)

Drug Screen: (Please check all that apply)	_____ DOT	_____ Non DOT
_____ Pre-employment	_____ Random	_____ Post Accident
_____ Reasonable Suspicion	_____ Follow up	_____ Hair test
_____ Other, Please specify _____		

Physicals: (Please check all that apply)	_____ DOT	_____ DOT Recert
_____ Non DOT	_____ Pre-employment	_____ Return to Work
_____ Comprehensive		

Other test/service:	_____ Audiogram (hearing)	_____ Back Strength	_____ Vision
_____ Breath alcohol	_____ Pulmonary Function	_____ Respirator Fitness	

Authorized by: _____ Contact Phone no: _____

email address: _____ Comments: _____
