

WORK LINKsm

844 South Madison · Tupelo, MS 38801 Phone: (662) 377-5300 · Fax: (662) 377-6770

AUTHORIZATION FOR TREATMENT AND SERVICE

| Date: | // | | | | |
|----------------------------|--|------------|-----------------------|-----------|-----------------------|
| Comp | oany Name: | | | | |
| Comp | oany Address: | | | | |
| Comp | oany Phone: () | <u> </u> | Fax: (|) | |
| Comp | oany Contact: | | | | |
| | oany Email Address: | | | | |
| Empl | oyee Name: | | | | |
| Employee Social Security#: | | | | | |
| | re authorizing the follo eyee listed above: | owing desi | gnated services to be | performed | on/for the |
| Is this visit for a: | | | DOT | NON-DOT | |
| DRU | G SCREENS: | PHYS | SICALS: | ОТН | ER SERVICES: |
| | Pre- | | Pre- | | Audiogram |
| | Employment | | Employment | | Back Strength |
| | Random | | Return to Work | | Vision – |
| | Post Accident | | Comprehensive | | Snelling |
| | Reasonable | | Re-Certification | | Vision – Titmus |
| | Suspicion | | | | Vision – |
| | Return to Work | | | | Ishihara |
| | Follow-up | | | | Vision – Jaeger |
| | Hair Collection | | | | Breath Alcohol |
| | 10-Panel | | | | PFT |
| | Express | | | | Respirator Fit |
| | 5-Panel Express | | | | Test |
| | | | | | |
| | | | | | |
| Autho | orized by: | | | | |
| Comr | nents: | | | | |
| | | | | | |