



**Authorization for Services**

**Fax completed form to the Occupational Health location where the Patient will be seen  
(Patient must Present Photo ID at Time of Service)**

Employee/Applicant Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Job Title/Department: \_\_\_\_\_

Employer Phone#: \_\_\_\_\_

**Physical Examinations:**

- Pre-Employment       Annual       Exit       DOT       Other \_\_\_\_\_
- Respirator Exams       Hazmat       Audiogram

**Drug and Alcohol Surveillance:**

- 10 Panel Drug       DOT Drug       Drug Screen       Instant       Breath Alcohol       Other \_\_\_\_\_
- Screen with MRO      Screen with MRO      Collection Only      Drug Screen      \_\_\_\_\_

**Reason for Drug Screening:**

- Pre-Employment       Annual       Random       Post Accident       Reasonable Suspicion       Other \_\_\_\_\_

**Work Related Injury Bill:**     Company       Carrier Name: \_\_\_\_\_

Workers Compensation Insurance Carrier and Address: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Explanation of Injury \_\_\_\_\_

**Special Instructions or Comments:** \_\_\_\_\_

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- |                                                                                                                                |                                                                                                                     |                                                                                                                              |                                                                                                                                 |                                                                                                                          |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Eatontown<br>2-12 Corbett Way<br>Suite 101<br>Eatontown, NJ 07724<br>P#732-263-7950<br>F#732-263-7946 | <input type="checkbox"/> Neptune<br>2441 Hwy 33<br>Suite A<br>Neptune, NJ 07753<br>P#732-776-4251<br>F#732-776-4210 | <input type="checkbox"/> Lakewood<br>150 Airport Road<br>Suite 100<br>Lakewood, NJ 08701<br>P#732-942-9550<br>F#732-942-9554 | <input type="checkbox"/> Manalapan<br>195 Route 9 South<br>Suite 213<br>Manalapan, NJ 07726<br>P#732-450-2745<br>F#732-405-2746 | <input type="checkbox"/> Holmdel<br>100 Commons Way<br>Suite 160<br>Holmdel NJ 07733<br>P#732-450-2930<br>F#732-450-2931 | <input type="checkbox"/> Toms River<br>1430 Hooper Ave<br>Suite 200B<br>Toms River, NJ 08753<br>P#732-557-0700<br>F#732-557-9159 |
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Iselin  
742 Route 1 North  
Iselin, NJ 08830  
P#732-362-3871  
F#732-362-3873

Piscataway  
1080 Stelton Rd  
Piscataway, NJ 08854  
P#848-230-6800  
F#848-230-6830