



BETTENDORF
4017 Devils Glen Rd.
Suite 101A
(563) 421-0640
Fax (563) 421-0649

CLINTON
1663G Lincoln Way
(563) 244-4830
Fax (563) 244-4839

DAVENPORT
1520 W. 53rd St.
(563) 421-0661
Fax (563) 421-0669

MOLINE
2526 41st St.
(309) 281-2700
Fax (309) 281-2709

Hours: Monday - Friday | 8 a.m. - 5 p.m.

AUTHORIZATION FORM

Patient Must Present Photo ID at Time of Service

Company: _____ Date: _____

Authorized By: _____ Phone: _____

Patient Name: _____

Date of Birth: _____

Please check all boxes that apply:

WORK RELATED:

Injury Illness Date of Injury: _____

DRUG SCREEN

TYPE: DOT (Specify DOT Agency: FMCSA FAA FRA PHMSA USCG)

Non-DOT Urine Lab Rapid Urine

5-Panel 4-Panel (5-Panel, no THC) 10-Panel 9-Panel (10-Panel, no THC)

Hair

Collection Only

REASON FOR TESTING: PrePlacement Random Follow Up Post Accident Reasonable Suspicion

BREATH ALCOHOL SCREEN

TYPE: DOT Non-DOT

REASON FOR TESTING: PrePlacement Random Follow Up Post Accident Reasonable Suspicion

PHYSICAL EXAMINATION

PrePlacement Annual Respirator Other

DOT EXAMINATION

PrePlacement ReCertification

IMMUNIZATIONS

Hep A Hep B Flu TB Tetanus MMR Other

OTHER

Pulmonary Function Test Lab Audiogram Functional Screen

Please write in any services requested that are not listed above:
