

1st Medical of Annapolis, Inc.

20 Mayo Rd, Ste 201
Edgewater, MD 21037
(410) 956-6800

**Authorization for
Treatment**

URINE DRUG SCREEN

- DOT Non-DOT
- Pre-Employment
- Post-Accident
- Random
- Reasonable Cause

PHYSICAL

- DOT
- Pre-Employment
- Other: _____

OTHER TESTS

- Saliva Alcohol
- Other: _____

WORKERS' COMP.

Date of Service _____

Employee Name _____

Date & Time of Injury _____

Employer _____

Phone _____

Supervisor _____

Auth. Signature _____

Special Instructions _____

NOTE: All charges accrued for the above requested services will be billed directly to the employer unless otherwise indicated in writing on the reverse side of this form.

Authorized signature guarantees payment for services provided on the date indicated.