



# Occupational Medicine Service Request Authorization

Date: \_\_\_\_\_ Company: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Social Security #: \_\_\_\_\_

### Service(s) Requested

- |   |   |
|---|---|
| <input type="checkbox"/> Audio Booth  | <input type="checkbox"/> Breath alcohol                         |
| <input type="checkbox"/> DOT Routine Drug Screen                                | <input type="checkbox"/> DOT – Collection Only                  |
| <input type="checkbox"/> Non-DOT Routine Drug Screen                            | <input type="checkbox"/> Non-DOT Collection Only                |
| <input type="checkbox"/> DOT Physical   | <input type="checkbox"/> Express DS                             |
| <input type="checkbox"/> Hair Sample Collection<br>(forms provided by Employer) | <input type="checkbox"/> Physical/Pre-Employment/<br>Post Offer |
| <input type="checkbox"/> TB Test  | <input type="checkbox"/> QuantiFERON Test                       |
| <input type="checkbox"/> Spirometry Test  | <input type="checkbox"/> Respirator Fit Test                    |
| <input type="checkbox"/> Titer (please print type): _____                       |   |
| <input type="checkbox"/> Vaccination (please print type): _____                 |   |
| <input type="checkbox"/> OTHER (please print): _____                            |   |

### Sent and Authorized by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Tel: 707.646.4600**

**Fax: 707.646.4601**

**NorthBay.org/occhealth**

### Locations:

- Fairfield – 2470 Hilborn Rd., Suite 100
- Vacaville – 1679 E. Monte Vista Ave., Suite 104

*(Mailing address: 4500 Business Center Dr., Fairfield, CA 94534)*

**Due to the nature of our business, no children are permitted in the clinic.  
Appointments will be rescheduled.**