



# VENICE CULVER MARINA MEDICAL GROUP, INC.

12212 W. Washington Blvd. Los Angeles, CA 90066

Tel: (310) 391-5241 Fax: (310) 397-4324

## Authorization for Medical Services

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

Person to be treated: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Authorization by: \_\_\_\_\_

(sign and print name & title)

### INJURY/ ILLNESS TREATMENT

- Work Injury Treatment
- Illness – Bill Employer
- Illness – Bill Patient
- Other: \_\_\_\_\_

#### ***-Additional Services to Include:***

- Include – DOT Drug Test
- Include – Non- DOT Drug Test
- Include – Breath Alcohol Test

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

### PHYSICAL EXAMS

- Pre – Employment Physical
- Fit for Duty/ Return to Work
- DMV/ DOT Physical
- Other : \_\_\_\_\_

#### ***-Annual Testing:***

- TB Testing
- Audio/ Hearing Test
- Vision Test
- Other: \_\_\_\_\_

### SUBSTANCE ABUSE TESTING

- Follow- up
- Post-Accident
- Return to Duty
- Pre- Placement
- Random
- Reasonable Suspicion

#### ***-Type of Test to be performed:***

- DOT Urine Drug Screen
- Breath Alcohol (BAT)
- Hair Collection Drug Screen
- Non DOT Drug Screen