

MEDICAL AUTHORIZATION

Patient's Name: _____ Today's Date: ___/___/___
 Employer Name: _____ Phone: (____) _____
 Authorized By: **Joan Stasiak (Director - Human Resources)** Authorization Expires: ___/___/___

WORK-RELATED INJURY

Work injury treatment Consult to determine compensability Body part: _____
 (Evaluation for cause of injury)

EVALUATIONS & PHYSICALS

Pre-Placement / Post-Offer:
 Office
 Factory
 Other: _____

Annual / Periodic Exam
 Respirator Clearance Exam

Respirator Fit Testing
 Fitness for Duty Evaluation
 Annual School Bus Driver
 DOT Exam: New Certification Recertification
 Other: _____
 (Please complete if item is not listed)

DRUG & ALCOHOL SCREENING

Non-NIDA* / Non-Department of Transportation

Drug	Alcohol
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Evidential Breath Test (EBT)
<input type="checkbox"/> Random	
<input type="checkbox"/> Follow-up	
<input type="checkbox"/> Reasonable Suspicion	
<input type="checkbox"/> Return to Duty	
<input type="checkbox"/> Post-Accident	
<input type="checkbox"/> Hair Follicle Drug	
<input type="checkbox"/> Rapid	
<input type="checkbox"/> Other: _____	

NIDA* / Department of Transportation

Drug	Alcohol
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Evidential Breath Test (EBT)
<input type="checkbox"/> Random	<input type="checkbox"/> Random
<input type="checkbox"/> Follow-up	<input type="checkbox"/> Follow-up
<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Reasonable Suspicion
<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Return to Duty
<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Post-Accident
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

OTHER SERVICES

Audiogram
 Tuberculosis (TB) Test
 Hepatitis B Vaccine
 Other: _____
 Other: _____
 Other: _____

Please visit one of Loyola University Chicago's authorized locations listed below.

Chicago - Edgewater
 6140 N. Broadway
 P: 773.435.9028 | F: 773.564.9206
 Mon - Fri: 8:00AM - 8:00PM
 Sat-Sun: 8:00AM - 4:00PM

Chicago - South Loop
 811 S. State Street
 P: 312.566.9510 | F: 312.312.566.9511
 Mon - Fri: 8:00AM - 8:00PM
 Sat-Sun: 8:00AM - 4:00PM

Chicago - West Loop
 600 W. Adams Street
 P: 312.506.0900 | F: 312.876.0939
 Mon-Fri: 7:30AM - 8:00PM
 Sat-Sun: 8:00AM - 4:00PM

For more information, visit us at:

visitphysicians.com