

# COMPANY ACCOUNT AUTHORIZATION FORM

*Mark which procedures need to be done.*

Company Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Verified By: \_\_\_\_\_ Date \_\_\_\_\_

## Receptionist

### Check Procedure

### Procedure

\_\_\_\_\_ PHYSICAL \_\_\_DOT \_\_\_BASIC \_\_\_FDLE

\_\_\_\_\_ DIP (UA)

\_\_\_\_\_ **UDS** \_\_\_RANDOM \_\_\_PRE-EMPLOYMENT \_\_\_POST-ACCIDENT

\_\_\_PERIODIC \_\_\_DOT \_\_\_NON-DOT

\_\_\_SUSPICION/REASONABLE CAUSE \_\_\_OTHER

\_\_\_RE-TEST \_\_\_OBSERVED

\_\_\_\_\_ BAT

\_\_\_\_\_ EKG

\_\_\_\_\_ PFT

\_\_\_\_\_ AUDIOGRAM

\_\_\_\_\_ X-RAY \_\_\_CHEST \_\_\_BACK

\_\_\_\_\_ HEP B INJECTION \_\_\_PRE \_\_\_1<sup>ST</sup> \_\_\_2<sup>ND</sup> \_\_\_3<sup>RD</sup> \_\_\_POST

\_\_\_\_\_ LAB WORK (SPECIFY) \_\_\_\_\_

\_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

