



AUTHORIZATION FOR SERVICES

Plainfield Occupational Health Center

1100 Southfield Drive, Suite 1120

Plainfield, IN 46168

P | (317) 839-6200 F | (317) 837-5500

Appointments & Walk In's 8 AM - 4:30 PM

To: Hendricks Regional Health Occupational Health Center Staff

From: (Company): _____

Re: (Employee): _____

Date and Time: _____

Signature: _____

(This form authorizes a Hendricks Regional Health Occupational Health Center provider to offer the following medical services.)

Authorization Contact

(Printed Name): _____

Workers' Compensation Injury Care

Yes No

Description of Physical Injury: _____

Urine Drug Screen

Yes No DOT Non-DOT

Reason for Testing

Pre-Employment Post Accident Random Reasonable Suspicion

Alcohol Testing

Yes No DOT Non-DOT

Physical Examination

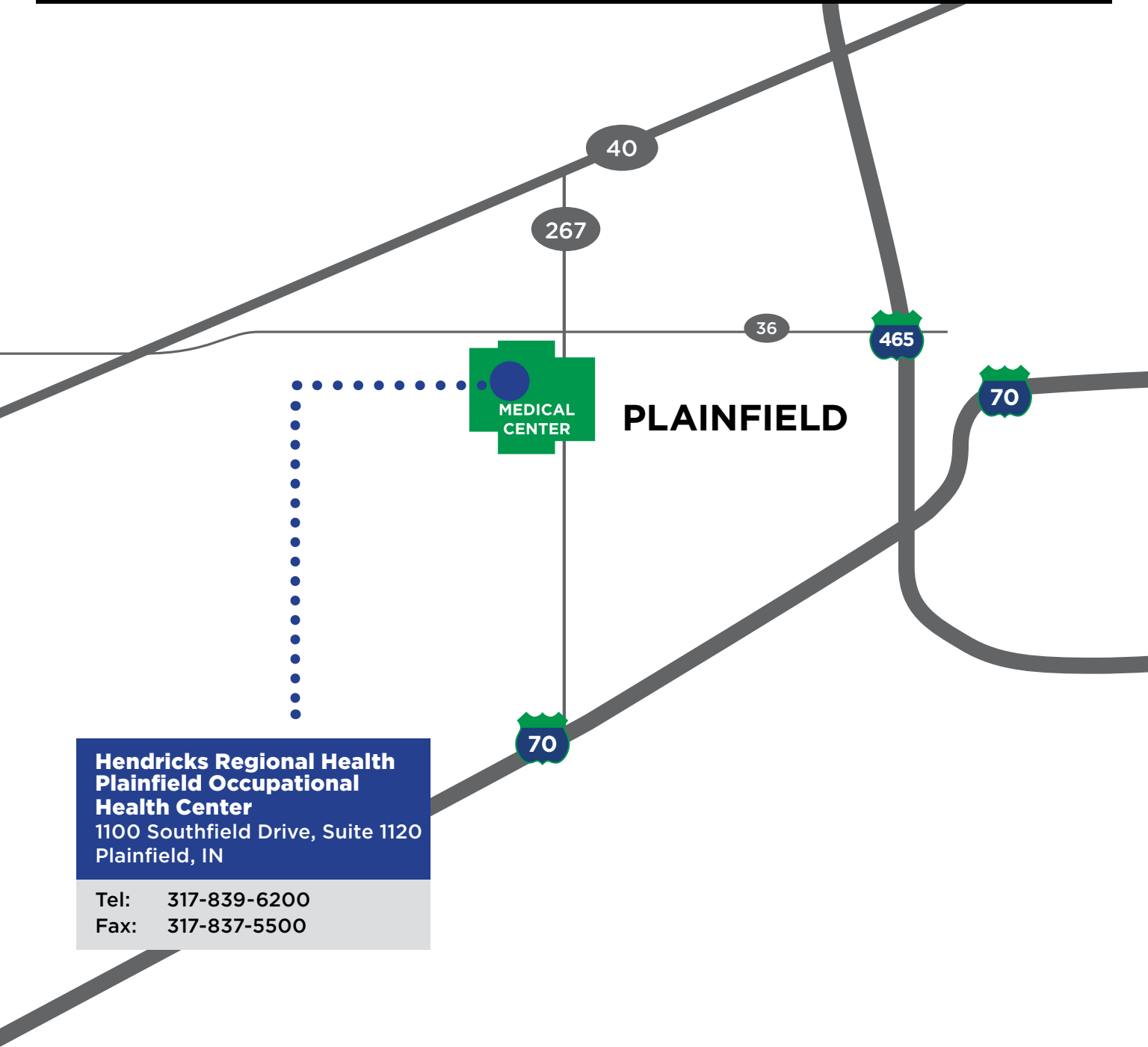
DOT/CDL Non-DOT Exam Return to Work

Diagnostic Testing

Audiometry EKG TB/PPD Hepatitis B

Other Screenings/Testing (Please Specify): _____

Map of Occupational Health Services



**Hendricks Regional Health
Plainfield Occupational
Health Center**
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