MAS MEDICAL
EXPERIENCE ■ WORLD-CLASS ■ SERVICE

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T: (919) 449-4444 F: (919) 449-4123

mas**medical**.com *formerly MedfirstMedical*

Authorization for Treatment

PATIENT NAME: ______________________________ DATE: ________________

COMPANY NAME: ____

AUTHORIZING PERSON: ____

SERVICE(S) REQUESTED

__ GENERAL PHYSICAL
__ DOT PHYSICAL
__ WORK INJURY
__ RETURN TO WORK
__ MEDICAL SURVEILLANCE
__ RESPIRATOR EXAM
__ RESPIRATOR FIT EVAL
__ OSHA QUEST. REVIEW
__ TB (PPD) TEST

__ DOT DRUG SCREEN
__ BREATH ALCOHOL
__ AUDIOGRAM (HEARING)
__ PULMONARY FUNCTION
__ VISION TESTING
__ ASBESTOS EXAM
__ SILICA EXAM
__ TRAVEL HEALTH SERVICES
__ OTHER VACCINATION ______________________

__ NON-DOT DRUG SCREEN
__ "E SCREEN" DRUG SCREEN
__ RAPID DRUG SCREEN
__ HEPATITIS B VACCINE
__ PNEUMONIA SHOT
__ HAIR DRUG SCREEN
__ FLU SHOT
__ HEPATITIS B TITER (BLOOD)

__ OTHER PHYSICAL ____

OTHER SERVICE: ____

LAST PATIENT FOR DRUG SCREEN — PREFERABLY BY 3:00PM
LAST PATIENT FOR WORK INJURY — PREFERABLY BY 4:00PM

OPEN 8:15AM (HOLIDAYS & INCLEMENT WEATHER – PLEASE CALL FIRST – HOURS SUBJECT TO CHANGE)