Dr. Roxanne Dietzler, PC 732 Thimble Shoals Blvd., Suite 102 Newport News, VA 23606 Phone 757-599-3623 Fax 757-599-1819 www.drdietzler.com

AUTHORIZATION TO PROVIDE MEDICAL SERVICES

Employee Name			Date:		
2mprey ee reame			Date:		
Company Name:					
			Billing Address if Differen	t.	
Company			bining Address if Differen	ıt:	
Address:					
Check if on file					
	Company Phone:	Company Fax:			
			l		
SERVICES RI	EQUESTED: MUST HA	VE A PHOTO	ID AT TIME OF SEI	RVICES	
PHYSICAL EXAM	MS				
Annual	Asbestos	☐ Crane/Fo	rk Lift DOT		
☐ Fit For Duty	☐ FMLA	☐ Hazmat	Lead		
☐ Post Exposure	☐ Pre Placement	Respirato	Respirator Second Op		
Other Physical		•	•	•	
OTHER SERVICE	ES				
☐ Hearing Booth	☐ Baseline	□ An	nual	Retest	
☐ PFT / Questionnair				□ CXR	
☐ Vision Exam	☐ Labs – List Below	Labs − List Below		ines – List Below □ PPD	
WORKERS COMP	ENSATION EVAL.	DAT	DATE OF INJURY:		
	ation evaluation WITH		☐ Workers Compensation Evaluation WITHOUT		
	esting – Mark all test below		Substance Abuse Testing		
			-		
SUBSTANCE ABUS	SE TESTING - DRUG / A	LCOHOL / HA	IR		
	☐ Reasonable Suspicion			ollow Up	
	- 5 PANEL – <i>THC</i> , <i>COC</i> ,	PCP, OPI & Al	MP		
☐ HHS ☐ NRC					
	Agency) - FMCSA F	FAAL FRAL	FTA 🗆 PHMSA 🗀 US	SCG	
NON FEDERAL – I			malimatant IIain 7	Fagtin a	
☐ 5 Panel ☐ 7 Pa BREATH ALCOHO		nt E-Cup – 5 pa	mei mstant 🗀 Half	Festing	
☐ FEDERAL - Age		NON-FEI	OFR AT		
_ I LDLKAL - Age	iicy	NON-I'EI			
Name of Authorizing Pe	erson	Signature of Authorizing Person		Date	