



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____

Social Security Number: _____

Employer: Saint Louis University Employee Health

Date of Birth: _____

Street Address: 3547 Olive Street

Phone Number: _____

Work Related

Injury Illness

Date of Injury: _____

Substance Abuse Testing Check all that apply

For Post Auto Accident Testing, select regulated drug screen and breath alcohol.

- Regulated drug screen Breath Alcohol Hair
- Collection only Collect Rapid drug screen
- Non-regulated drug screen
- Other: _____

Type of Substance Abuse Testing

Please select reason for testing

- Preplacement Reasonable cause
- Post-Auto accident Random
- Follow-up

Special Instructions/comments:

Authorized by: _____
Please print

Phone: _____

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

- Asbestos Respirator Audiogram
- Human Performance Evaluation
- Hazmat Medical Surveillance
- Other: _____

Billing (check if applicable)

Employee to pay charges

Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert you employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: _____

Date: _____