



EMPLOYER AUTHORIZATION FORM

Freeman OccuMed – JOPLIN
3201 McClelland Blvd., Joplin
Phone: 417.347.6625
Fax: 417.347.6695

Freeman OccuMed – CARTHAGE
1500 Case St., Carthage
Phone: 417.359.0625
Fax: 417.359.9132

Freeman OccuMed – NEOSHO
336 S. Jefferson St., Neosho
Phone: 417.451.2205
Fax: 417.455.4298

Date
Employee Social Security Birth date
Company
Authorized by Phone
Comments

WORKMAN'S COMPENSATION TREATMENT AND EVALUATION

Date of injury
Has the patient received prior treatment for this injury? No Yes
Description of injury

TYPE OF SUBSTANCE ABUSE TESTING

- Pre-employment
Post accident
Random
Reasonable suspicion
Retest
Return to work
Follow-up
Other

SUBSTANCE ABUSE TESTING

- Nonfederal drug screen
Federal drug screen
Express drug screen
Collect specimen ONLY
Breath alcohol (BAT)
Saliva alcohol (swab)
Hair follicle drug screen
K2 (synthetic marijuana)
Bath salts
Other

DOT PHYSICALS

- Pre-employment
Recertification

OTHER PHYSICALS (check all that apply)

- Pre-employment general physical
Return to work
Fit for duty
HAZWOPER
Lead
Asbestos
Respirator clearance (no mask fit)
Mask fit test - N95 (qualitative)
Mask fit test - OHD (specialty mask)
Respiratory physical with pulmonary function test
Other

WorkSTEPS PHYSICAL

- Pre-employment Return to work Fit for duty
Basic
Baseline
Comprehensive
Comprehensive with DOT physical
Comprehensive with upper extremity combo
Upper extremity

OTHER TESTING

- Audiogram
Back screen
Hepatitis A vaccination Titer only
Hepatitis B vaccination Titer only
Pulmonary function test
TB test T-Spot
Tetanus Tdap
Vision Color testing

Patient will need picture ID for testing.

If your company requires special instructions regarding treatment or billing, please attach documentation.
If you have questions, please contact Freeman OccuMed at the numbers listed above.