



MedColumbus, LLC

1020 Dennison Avenue
Columbus, OH 43201
(Ph) 614-564-9067
(F) 614-564-9167

MEDICAL TREATMENT AUTHORIZATION

Date: _____

Company Name: _____

Employee Name: _____

SSN: _____

TYPE OF TREATMENT

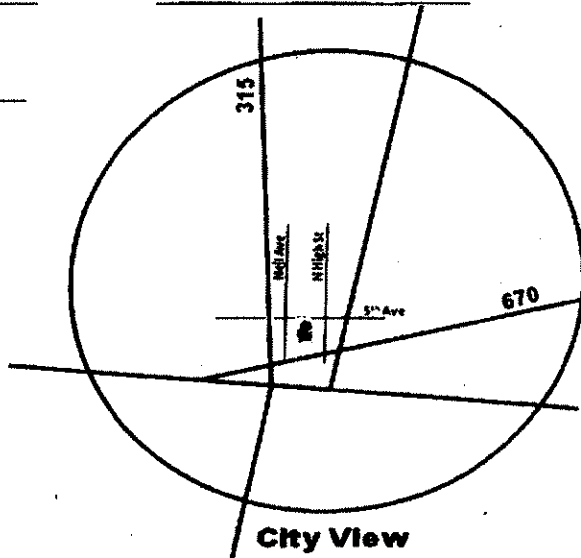
DOT _____ NON-DOT _____

Reason for Testing:

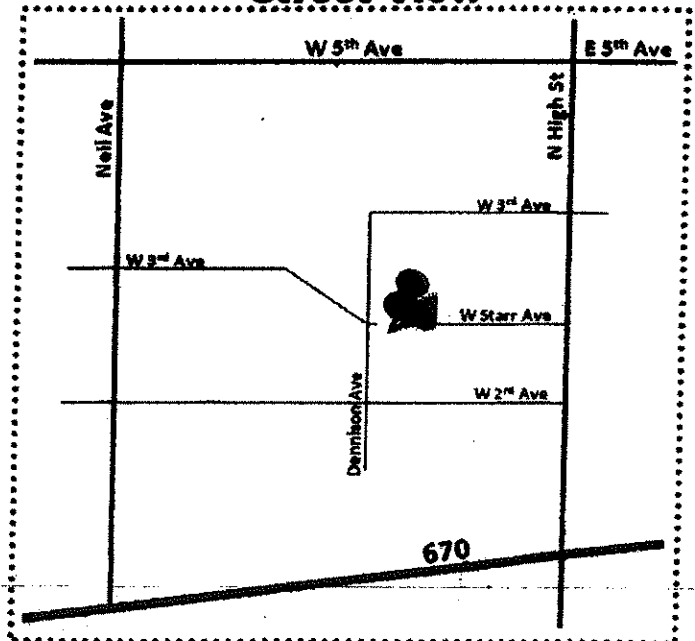
- _____ Random
- _____ Pre-employment
- _____ Post Accident
- _____ Reasonable Suspicion
- _____ Return to Duty (DIRECT OBSERVATION)
- _____ Follow-up (DIRECT OBSERVATION)
- _____ Renewal

Type of Test:

- _____ Join Consortium
- _____ Physical
- _____ Drug Screen
- _____ Lead/ZPP Level
- _____ Pulmonary Function Testing
- _____ Breath Alcohol
- _____ EKG
- _____ Hepatitis (please call 14 days ahead)
- _____ Back Evaluation
- _____ Audiogram
- _____ Mantoux/Tuberculosis Testing
- _____ Bloodwork
- _____ Other _____



Street View



Authorized Signature _____

Date _____