Access Medical Center
3816 Highway 17 South
North Myrtle Beach, SC 29582
843-272-1411

OCCUPATIONAL / INDUSTRIAL MEDICINE PROGRAM
TREATMENT AUTHORIZATION FORM

TREATMENT AUTHORIZATION

Company Name:_____

Company Phone:_____

Employee Name:_____

Authorization Date to treat:_____

Medical Evaluation	**Drug Testing**
___ Physical (pre-employment)	**___DOT Drug Test**
___Health Screening Physical	**___Non-DOT Drug Test**
___Work Comp Intial Injury	**___Random Non DOT**
___Other	**___Random DOT**
Special Information:	**___Post Accid non DOT**
	___Post Accid DOT

WORK RELATED INJURY/ILLNESS

Nature of Injury/Illness_____

Date of Injury_____Supervisor's Phone_____

Authorized Signature_____Date_____

Light Duty Available:_____

File workcomp ins:_____Bill employer:_____