

COLUMBUS REGIONAL HEALTH PHYSICIANS, LLC
Employer Authorization

Thank you for choosing Columbus Regional Health Occupational Health! Please print clearly to complete this form in its entirety so that we may process your employee's visit efficiently and accurately. This form should be completed by a Designated Employer Representative and may be hand carried by the employee or faxed.

Date: _____ Date of Service: _____

Patient Name: _____

DOB: _____ SSN: _____

Company / Plant Name: _____

Company Address: _____

Reason: Random Post Accident Reasonable Susp
 Annual Promotion Pre-Employment
 DOT **Non-DOT**

Services Authorized by:

First Name: _____ Last Name: _____

Phone: _____ Fax Number: _____

****Please note if you are not an existing account with PromptMed, a protocol will need to be established prior to performing services for your employees. Contact our office at (812) 376-5104.

Work Comp Initial **Work Comp Follow-Up Visit**

Drug Screen	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT
<input type="checkbox"/> 5 Panel Instant	<input type="checkbox"/> 5 Panel Lab Base	<input type="checkbox"/> 9 Panel Lab Base
<input type="checkbox"/> 10 Panel Instant	<input type="checkbox"/> 10 Panel Lab Base	<input type="checkbox"/> DOT 5 Panel
<input type="checkbox"/> 5 Panel Hair Test	<input type="checkbox"/> Company uses 3 rd party vendor for drug screens	

BAT DOT Non-DOT

Physical DOT Non-DOT

PPD 2 Step Chest X-Ray Quantiferon

Immunization

Spirometry Audio

Other Services Ordered: _____

Notes: _____

Occupational Health Employee: _____

Fax this form to (812) 376-5108.

Phone: (812) 376-5104
 3015 10th Street, Suite A
 Columbus, IN 47201

Hours: M-F 7am - 5 pm
 occhealthclinic@crh.org