



For quick, direct authorization submission, complete this form online.



AUTHORIZATION FORM

PLEASE ARRIVE PRIOR TO 7:15 PM M-F / 1:15 PM WEEKENDS IF YOU ARE COMING FOR EMPLOYMENT PHYSICALS & DRUG SCREENS.

TO BE COMPLETED BY ORTHOILLINOIS EMPLOYEE: Time of Arrival: _____

EMPLOYEE MUST HAVE PHOTO IDENTIFICATION

Authorization Date: _____ Authorization Expires: _____
 Employee/Applicant name: _____ Job Title: _____
 Employer name: _____
 Address: _____ Phone: _____
 Authorized Signature: _____

Work-Related Injury / Incident Care: *Fast Track*

Medical Evaluation (with ___ drug screen/ ___ alcohol) Medical Evaluation (without drug screen or alcohol)
 Date of work-related injury/incident: _____
 Body Part(s) Approved for Treatment: _____

Employment Exams: New / Current Employees (ESP)

Pre-Emp./Post offer-Factory Pre-Emp./Post offer-Office DOT Exam (new) DOT Exam (recertification)
 School Bus Driver Exam Lift Test (Provider)
 Other: _____

Urine Drug Test Non-Federal Federal
 Pre-employment Return to Duty
 Random Follow-up Annual
 Post-Accident Reasonable Suspicion

Breath Alcohol Test Non-Federal Federal
 Random Follow-up
 Reasonable Suspicion Post-Accident

Additional Testing (non-patient file)

Hepatitis B/Draw Hepatitis B Vaccination TB QuantiFeron Gold
 TB Mantoux Lumbar X-Ray Chest X-Ray Audio Screen BP Vision
 Pre-Employment back assessment (performed in Rehabilitation Department and are **not performed after 5pm weekdays or on Saturdays or Sundays**)
 Other: _____

***** PLEASE DO NOT BRING CHILDREN WITH YOU FOR YOUR VISIT UNLESS YOU ARE ACCOMPANIED BY SOMEONE THAT WILL BE RESPONSIBLE TO CARE FOR THEM *****