

ALLIANCE OCCUPATIONAL MEDICINE

315 South Abbott Ave, Milpitas CA 95035 ph: 408-790-2900 fax: 408-790-2912
 2737 Walsh Ave, Santa Clara CA 95051 ph: 408-228-8400 fax: 408-228-8401
 1901 Monterey Rd. Ste 10, San Jose, CA 95112 ph: 408-477-8080 fax: 408-477-8081
 Hours: Monday - Friday 7:00am to 7:00pm
 www.allianceoccmcd.com

AUTHORIZATION TO TREAT

Patient Name _____ Date _____

Employer _____

(if Temporary Employee provide name of Agency) _____

Authorized by _____ Title _____

Phone Number _____

INJURY TREATMENT

Date of Injury (estimate if uncertain) _____

Injured body part _____

Post Injury Drug Screen (indicate below as well) Yes No

PHYSICAL EXAM (indicate type of exam) _____

post-offer / pre-employment (specify job title / category if applicable) _____

DOT / DMV Medical Certificate Respiratory Compliance

ERT (emergency response team) Other _____

DRUG & ALCOHOL TESTING

ALL DRUG SCREENS REQUIRE VALID PICTURE IDENTIFICATION

Urine Drug Test DOT non-DOT non-DOT

Breath Alcohol Test (BAT) DOT non-DOT

Reason for Test post-offer / pre-employment reasonable suspicion

post-accident / post-injury follow-up testing

random other _____

return to duty

ADDITIONAL REQUESTS OR SPECIAL INSTRUCTIONS: _____

Note to ER/Patients treated at ER: Any patient treated at an Emergency Room or other facility must follow up with Alliance on the next business day. Please call Alliance ASAP to schedule a follow up visit. Work restrictions from ER are only in effect until next available/scheduled visit at Alliance. If you have questions, please feel free to contact Alliance. ER: please give patient any medical records, work status, and any diagnostic reports from ER to bring to Alliance for follow up. Thank you in advance for your cooperation.

