

530 Suite D Forest Parkway Forest Park, GA 30297

Phone: <u>770-545-2052</u>/Fax: <u>678-701-3120</u> Email: <u>Admin@clearmedicalconcepts.com</u>

TREATMENT AUTHORIZATION

Date:
Employee:
(Company Name)
Employer:(Address)
(Address)
Phone:
Email:
Authorized By:
Authorized By:
Signature
Service(s) Requested:
Urine Drug Screen DOT NON DOT
5 panel or10 Panel
Breath Alcohol TestDOT NONDOT
DOT Physical
_
Pre Employment Physical
Post Injury or return to work Physical
Reason for Drug Screening:
Pre-employment Random Post Accident Probable Cause
Return to Duty
Neturn to buty
** Note to Employer: Please fax form and send with employee for all services
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Clear Medical Concepts

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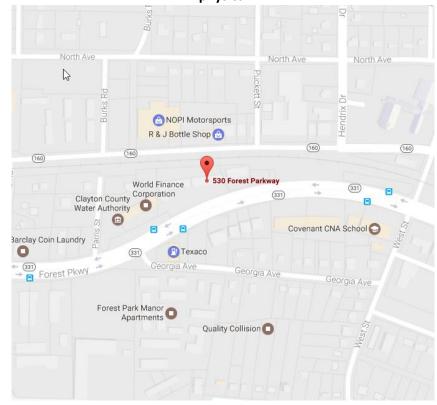
Email: Admin@clearmedicalconcepts.com

www.Clearmedicalconcepts.com

Walk- in hours 9am-5pm.

Last pre-employment drug screen starts at 4pm due to 3 hour time limit.

Photo Identification is required for all drug screens, breath alcohol, or DOT physical



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