

**AUTHORIZATION FOR TREATMENT & TESTING OF  
EMPLOYEES  
(MUST PRESENT PHOTO ID AT THE TIME OF SERVICE)**

Employee \_\_\_\_\_ Date \_\_\_\_\_

SS# \_\_\_\_\_ Date of Injury \_\_\_\_\_

Company \_\_\_\_\_

Authorized by \_\_\_\_\_

**TREATMENT AND EXAMINATIONS**

Injury/Illness Treatment     Pre-Placement Physical     D.O.T. Physical

**SUBSTANCE ABUSE TESTING**

D.O.T. 5 Panel D/Screen     "Instant" D/Screen     Non D.O.T. 5 Panel

Non D.O.T. 10 Panel     Breath Alcohol     Blood Alcohol

Nature of Injury/Illness \_\_\_\_\_

Special Instructions \_\_\_\_\_

DO YOU HAVE LIGHT DUTY? \_\_\_\_\_ SPECIAL INSTRUCTIONS \_\_\_\_\_

**ALLIANCE MEDICAL CENTER, P.C.**

610 Peachtree Parkway, Suite 201

Cumming, GA 30041

(770) 888-2733

*8:00am to 5:00pm Mon-Fri*

Dr. Ragan is available 24 hours