

# PATIENT AUTHORIZATION FORM

examination & treatment

**Houston/Heights Office**  
5151 Katy Freeway Ste 170  
Houston TX 77007  
Phone: 713-802-0801  
Fax: 713-802-0105  
fdhouston@  
occucareinternational.com

**Port Arthur Office**  
3717 Royal Meadows Blvd.  
Port Arthur TX 77642  
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Fax: 1-409-724-1928  
fdportarthur@  
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**Corpus Christi Office**  
1500 Wildcat Dr. Suite M  
Portland, TX 78374  
Phone: 1-361-643-3075  
Fax: 1-361-643-3078  
fdcorpus@  
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**Deer Park Office**  
321 W. San Augustine  
Deer Park TX 77536  
Phone: 281-476-4616  
Fax: 281-542-0827  
OccucareFD@  
occucareinternational.com

**North Houston Office**  
15621 Blue Ash Dr. Ste 170  
Houston TX 77090  
Phone: 281-893-0521  
Fax: 281-893-0537  
fd1960@  
occucareinternational.com

**Lake Charles Office**  
3730 Nelson Road  
Lake Charles, Louisiana  
70605  
Phone: 337-656-7703  
fdlakecharles@  
occucareinternational.com-  
com

**DOV:**

**SSN#:**

**Employee Name:**

**Company Name:**

*Please Specify location. Send with employee or fax / email to respective location. (left)*

Houston / Heights	Deer Park	North Houston	Lafayette
Corpus Christi	Port Arthur	Lake Charles	

**Physical Exam**

Pre-Employment	DOT	Annual
	New Cert Re-Cert	
OGUK	UKOOA	Coastguard
Pre-Employment	Pre-Employment	
Annual	Annual	
Asbestos	Benzene	Fit for Duty
Return to Work	Respiratory	Dept. of Defense

**Occupational Testing**

Audio	Respiratory Fit Test	PFT
	Qualitative Quantitative	
EKG	Vision Only	TB Skin Test
Exercise Stress Test	Chest X-Ray	
Fitness Assessment	Chest X-Ray	Views
	Lumbar X-Ray	Views
	X-Ray (Other):	

**Substance Abuse Testing**

Standard In-house (to lab)	
Non-DOT	DOT
Rapid / Instant	Panel
Urine Alcohol	
Alcohol Collect Only:	
DISA	ASAP
Other:	

**Reason:**

Collection Only:	
DISA	ASAP
Other:	
Alcohol Screen:	
Saliva	Breath
Non-DOT	DOT
Other:	

**Laboratory:**

CBC  
CMP  
Blood Lead w/ZPP  
Heavy Metals  
Dimension  
Other:

**Immunizations:**

Tetanus  
Hepatitis A  
Hepatitis B  
Other:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_