

REMINDER: Please fill out the appropriate organization / responsible party

Treatment Authorization Form

Patient Name: _____

DOB: ____/____/____ **Date:** ____/____/____

Organization: _____

Tel: _____ **Fax:** _____

Email: _____

Authorized by:

Name: _____ **Title:** _____

Signature: _____

Book your appointment: Scan QR code or
<https://crbn.app.link/e/workplace-health>



Please bring a Photo ID to your appointment

Services Requested (check all that apply):

Workers Compensation (Select "Workplace Injury" visit type)

☐ Please check if you are providing authorization to treat for workplace injury

Carrier: _____

Claim #: _____

Policy No: _____

Direct Bill? _____ (not available in CA)

Date of Injury: ____/____/____

Reason for visit: _____

Notes: _____

Drug & Alcohol Testing (Select "Drug Test" visit type)

☐ 4 Panel Drug Screen (NJ only)

☐ 5 Panel Drug Screen Send Out (Carbon Lab / Forms)

☐ 10 Panel Drug Screen Send Out (Carbon Lab / Forms)

☐ Breath Alcohol Testing (DOT) (NJ, CA, OH, PA only)

☐ Breath Alcohol Testing (Non DOT) (NJ, CA, OH, PA)

☐ Non DOT Drug Screen Collection Only

☐ DOT Drug Screen Collection Only

☐ 5 Panel Rapid / Express Drug Screen

☐ 10 Panel Rapid / Express Drug Screen

Tuberculosis Testing (Select "General Health" visit type)

☐ TB Skin Test

☐ QuantiFERON (TB Blood test)

☐ Chest X-Ray (Single View, PA) - For R/O TB

Radiology (Select "General Health" visit type)

- | | |
|--|---|
| <input type="checkbox"/> Chest X-Ray (Single View, PA) | <input type="checkbox"/> Chest X-Ray (PA & Lateral) |
|--|---|

Physical Examinations (Select "Basic Physical" or "DOT Physical" visit type as relevant)

- | | |
|--|--|
| <input type="checkbox"/> DOT Physical | <input type="checkbox"/> OSHA Questionnaire (Clear to FIT) |
| <input type="checkbox"/> Pre-employment Physical (Occ Health Physical) | <input type="checkbox"/> FIT For Duty (NJ only) |
| <input type="checkbox"/> NFPA / AME (Circle one) (NJ only) | <input type="checkbox"/> COVID Eval + Antigen / PCR (Circle one) |
| <input type="checkbox"/> Human Performance Evaluation (NJ only) | <input type="checkbox"/> Lift Assessment (NJ only) |

Audio, Vision, Lung Capacity Screening (Select "General Health" visit type)

- | | |
|---|--|
| <input type="checkbox"/> Audiometry | <input type="checkbox"/> Ishihara (Color Blindness) |
| <input type="checkbox"/> Spirometry (NJ only) | <input type="checkbox"/> Qualitative Respirator FIT |
| <input type="checkbox"/> Vision (Snellen) | <input type="checkbox"/> Quantitative Respirator FIT (Somerset, NJ only) |

Titers (Select "General Health" visit type)

- | | |
|--|--|
| <input type="checkbox"/> Titer - Hep A | <input type="checkbox"/> Titer - Mumps |
| <input type="checkbox"/> Titer - Hep B | <input type="checkbox"/> Titer - Rubella |
| <input type="checkbox"/> Titer - Measles | <input type="checkbox"/> Titer - Varicella |

Vaccinations (Select "General Health" visit type)

- | | |
|--|--|
| <input type="checkbox"/> Vaccine - Hep A & B | |
| <input type="checkbox"/> Vaccine - Influenza | <input type="checkbox"/> Vaccine - TDAP (TD + Pertussis) |
| <input type="checkbox"/> Vaccine - Hep A Adult | <input type="checkbox"/> Vaccine - Tetanus/Diphtheria |
| <input type="checkbox"/> Vaccine - Hep B Adult | <input type="checkbox"/> Vaccine - MMR |

Laboratory Testing & Analysis (Select "General Health" visit type)

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Metabolic Panel | |
| <input type="checkbox"/> Complete Blood Count | <input type="checkbox"/> Lead Blood Levels |
| <input type="checkbox"/> Finger Stick - Glucose | <input type="checkbox"/> Urinalysis |

Looking for services not listed here? Please email occhealth@carbonhealth.com prior to sending your employees.