



Authorization For Work Related Services

Patient must present photo ID at time of service.

Date:

Name of Employer:

Address of Employer:

Phone # of Employer:

Per New Jersey Law, if an employer authorizes a visit to a medical provider and it is determined that the injury/illness is not work-related, the employer is responsible for payment of that visit.

Authorized By, Print Name:

Authorized By, Sign Name:

Name of Patient:

Nature of Complaint/Visit

Body Part Injured (R or L)

Please Select:

Physical Examination DOT NON-DOT

	DRUG SCREEN	BREATH ALCOHOL TEST
Pre-Employ	<input type="checkbox"/>	<input type="checkbox"/>
Random	<input type="checkbox"/>	<input type="checkbox"/>
Post Accident	<input type="checkbox"/>	<input type="checkbox"/>
Reasonable Cause	<input type="checkbox"/>	<input type="checkbox"/>