Texas Health
Harris Methodist Hospital®
FORT WORTH

Occupational Health

1651 W. Rosedale, Suite 105
Fort Worth, Texas 76104
TEL 817-250-4840
FAX 817-878-5250
www.TexasHealth.org/OccHealthTHFW

Authorization for Treatment

SECTION ONE: To be completed on all referrals

_______________________________ _______________________________

Employee (Patient) Name *Company Name & Phone #*

❑ On the Job Injury: _______________________ Date of Injury: _____________

SECTION TWO: To be completed for ON THE JOB INJURIES

W/C Insurance Carrier: _______________________ Phone #: _____________

Adjustor name: _______________________ Phone #: _____________

Date of Injury: _______________________ Claim #: _____________

❑ Submit medical expenses to company ❑ Submit medical expenses to insurance carrier

SECTION THREE: To be completed for company requested non-injury services and if specific services are company required for ON THE JOB INJURIES

- ❑ DOT Drug Screen
- ❑ Urine Drug Screen - Non-DOT Panel _________
- ❑ Quick Drug Screen
- ❑ Breath Alcohol Testing – DOT
- ❑ Breath Alcohol Testing – Non-DOT
- ❑ Audiogram
- ❑ Pulmonary Function Testing (PFT)
- ❑ Respiratory Mask Fitting
- ❑ Color Vision Screening
- ❑ DOT Physical Examination
- ❑ Pre-Employment Physical
- ❑ Physical Exam: _____________________
- ❑ X-ray: _____________________
- ❑ Electrocardiogram
- ❑ Lift/Strength Test/EJF ❑ requirements on file

Vaccines, Etc.

- ❑ Hepatitis A
- ❑ Hepatitis B
- ❑ Influenza
- ❑ MMR Vaccine
- ❑ Chickenpox Vaccine
- ❑ Pneumonia Vaccine
- ❑ Tetanus/ Diptheria /Pertussis
- ❑ Tetanus/Diptheria
- ❑ Travel Counseling
- ❑ Travel Vaccination(s)
- ❑ Travel Medication(s)
- ❑ TB Skin Test
- ❑ Lab Titers: MMR - Chickenpox - Hep B
- ❑ Other: _____________________
- ❑ Other: _____________________

SECTION FOUR: To be completed on all referrals

Authorized by *(Name and Title)*: _______________________________

Phone #: _______________________ Date: _____________

Additional Comments: _______________________________

PHOTO ID REQUIRED FOR ALL DRUG SCREENS

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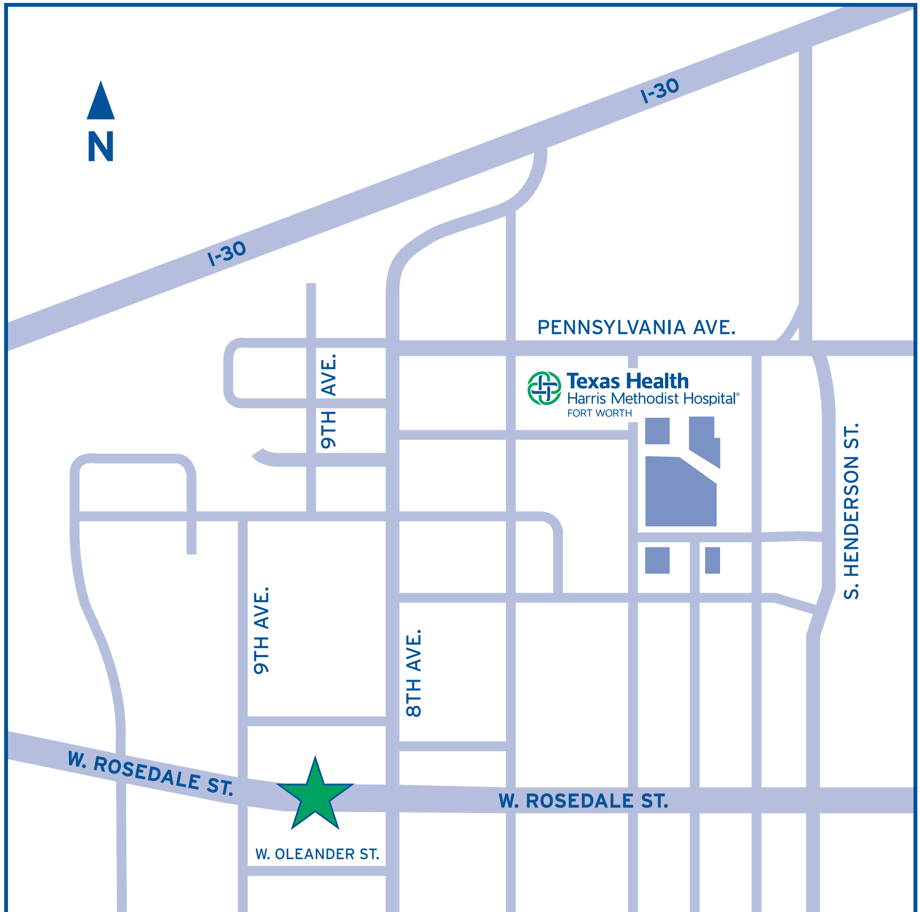

DIRECTIONS TO OCCUPATIONAL HEALTH

- Start out going **WEST** on **PENNSYLVANIA AVE.** toward **8TH AVE.**
- Turn **LEFT** onto **8TH AVE.**
- Turn **RIGHT** onto **W. ROSEDALE ST.**
- Make a **U-TURN** at **9TH AVE.** onto **W. ROSEDALE ST.**
- **1651 W. ROSEDALE ST.** is on the **RIGHT**
- The clinic is located on the **EAST END** of the building.

MB 0233 3/12 Q500 PS