672 Prima Vista Blvd. Ste 102 | Port St. Lucie, FL 34953
Phone: (772) 905-2560 | Fax: (772) 336-8341 | www.XPRESSFL.com

Occupational Medicine Services

Employee Authorization Form

COMPANY INFORMATION		
Company Name:		
Address:		
City:	State:	ZIP:
Contact Name:		
Phone:	Fax:	
Email:		
WORK COMP INS.(If applicable):		
Policy #:	Claim#:	

SERVICES ELECTED	
□ Pre-Employment Physical	□ Hepatitis-B Vaccine
□ DOT Physical	□ Hepatitis-B Titer
□ Urine Drug Screen (Employer MRO)	□ Tetanus Vaccine
□ Urine Drug Screen (XUC MRO)	□ Vision Test
□ Chest X-Ray	□ TDAP
□ PPD/TB Skin test	□ Other:
□ EKG	□ Other:
□ Blood Work	□ Other:

EMPLOYEE/PATIENT INFORMATION		
Employee/Patient's Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		
DOB:	SS#:	
Insurance Company:		
Policy Number:		
Group Number:		
SPECIAL INSTRUCTIONS:		

Approved by: _____

_____ _____

Signature Date