



BEAR VALLEY URGENT CARE
12186 HESPERIA RD VICTORVILLE, CA 92395
PH: 760-381-8848 FAX: 760-381-8810

AUTHORIZATION FOR SERVICES

PHOTO ID IS REQUIRED!

Date: _____ **Time:** _____ AM/PM

Employees Name: _____

Please check authorized services:

- Pre-Employment Physical
- Physical Exam: DOT/DMV
- Return to work Evaluation

- Drug/Alcohol Testing (specify all applicable)
- DOT Urine test (must provide your own COC) Non-DOT urine drug test
 - 5 panel + Alcohol 7 panel + Alcohol 10 panel + Alcohol
- INSTANT Urine Test
 - 5 panel instant 10 panel instant

Reason for Testing:

- Pre-Placement Return to Duty
- Random Follow-Up
- Post-Injury Reasonable Suspicion

Other Services:

- TB Skin Test/PPD -1 step
- TB Skin Test/PPD -2 step
- EKG

Labs (orders given/send to lab)

- Lead Level
- Hep B Titer (HepBsAB)
- MMR titer
- CBC

Employer: _____ **PH #:** _____

Fax #: _____

Authorized By: Name: _____ **Title:** _____

Signature: _____