HEALTHLINE MEDICAL GROUP

M-F 7:00 AM – 9:00 PM • Sat, Sun & Holidays 9:00 AM – 5:00 PM
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Dr. Emmett Berg • Dr. Barry Rosenblum
Occupational Medicine

REQUEST FOR TREATMENT FORM

SERVICES

- ☐ Work Injury
- ☐ Annual Exam
- ☐ Asbestos Testing/B-Reader
- ☐ Audio
- ☐ Chest X-Ray
- ☐ DMV Physical (FMCSA DOT Exam)
- ☐ Fitness for Duty
- ☐ Functional Capacity Evaluation (FCE)
- ☐ OSHA Questionnaire Clearance
- ☐ Pre-Placement Physical
- ☐ Respiratory Clearance Exam
- ☐ Return to Work Evaluation
- ☐ Spirometry Exam (PFT)
- ☐ TB Assessment
- ☐ TB Skin Test (PPD) ☐ Two Step
- ☐ Titers _____
- ☐ Vaccine ☐ Flu ☐ Hep B ☐ Tetanus
- ☐ Vision
- ☐ Other _____

DRUG/ALCOHOL TESTING

- ☐ DOT Drug Screen
- ☐ DOT Breath Alcohol Test
- ☐ Standard Drug Screen
- ☐ Standard Breath Alcohol Test
- ☐ Instant Urine Drug Screen
- ☐ Hair Collection
- ☐ Reason _____

Patient Name: _____ SS#: _____

Employer: _____

Address: _____

Phone: _____ Fax: _____

Date of Injury: _____ Time of Injury: _____ AM/PM

Claim #: _____ Type of Injury: _____

Occupation: _____ Work Comp Insurance: _____

Authorized by Print: _____ Signature: _____ Date: _____