



Clinic Phone: 980-444-2630
or Fax this form to 980-444-2631

Employer _____ Phone _____

Patient Name _____ Date _____

Reason for Service

- Pre-Employment
- Post Injury
- Other: _____
- Random
- DOT Follow-Up
- Probable Cause
- DOT Return to Duty
- Post Accident
- Annual

Medical Services/Screening Services

- Injury Care
- Audiometry
- DOT 5 Panel
- Re-Check/Re-evaluation
- Hepatitis B Injection
- 5 Panel Quick Screen
- Return to Work Physical
- TB Testing
- 10 Panel Quick Screen
- Physical
- Breath Alcohol Test
- Non-DOT 5 Panel
- DOT/CDL Physical
- DOT
- 7 Panel
- New
- NON-DOT
- 10 Panel
- Recertification
- Pulmonary Function
- Hair Testing
- Physical Ability Test
- OSHA Questionnaire
- Fit for Duty
- Other Medical Services _____

Authorized by:

_____ Signature

Authorization Expires on: _____ / _____ / _____

Iredell Occupational Medicine

128 E. Plaza Drive, Unit 3
Mooresville, NC 28115
Phone: 980-444-2630
Monday-Friday 8am-5pm

Please contact Iredell Occupational Medicine
for coordination of after hours service.

