



THIS IS A MEDICAL AUTHORIZATION FORM

EMPLOYER: CITY OF RIVIERA BEACH

EMPLOYEE NAME:

Dept:

PLACE OF INJURY:

Time:

DATE OF INJURY/ILLNESS:

DESCRIPTION OF INJURY/ILLNESS

Standard Procedure Includes a Drug and Alcohol Test Performed at the Time of the Initial visit for all post accident and injuries.

SUBSTANCE ABUSE TESTING:

- Random Pre-placement Reasonable cause
- Regulated Drug Screen Breath Alcohol Collection Only Post Accident
- Non-regulated Drug Screen

POST ACCIDENT/ WORK RELATED

- Injury Illness

Authorized by:

Signature:

Title:

DATE:

TEL

IMPORTANT:

UPON CONCLUSION OF TREATMENT, PLEASE CONTACT THE EMPLOYEE SUPERVISOR OR DEPARTMENT MANAGER TO INFORM THEM OF THE EMPLOYEE'S WORK STATUS. FOR ANY ADDITIONAL QUESTIONS REGARDING AUTHORIZATION FOR TREATMENT, OR BILLING.

Cassandra Wooten 561-840-4880

Mailing Address: 2051 MARTIN LUTHER KING JR. BLVD. SUITE 302
RIVIERA BEACH FL. 33404

ANY OTHER QUESTIONS RELATED TO SERVISAIR'S PROGRAM PLEASE CONTACT:
Cassandra Wooten 561-840-4880 or Marie Sullin 561-840-4880 X 11