

Gaithersburg Office

803 Russel Avenue Gaithersburg, Maryland 20879 Tel: 301-869-0700 / Fax: 301-948-1751

Beltsville Office

10452 Baltimore Avenue Beltsville, Maryland 20705

Tel: 301-441-3355 / Fax: 301-441-3359

AUTHORIZATION OF SERVICES FORM

Criswell	
(Employee name) is beng sent to Secure Medical Care for the following authorized services (Check appropriate boxes):	
Physical Examination	Circle one: DOT/Non-DOT
On-The-Job Injury (W	Vorkers' Comp)
Flu Shot	
Urine Drug Screen	Circle one: DOT/Non-DOT
Breath Alcohol Test	Circle one: DOT/Non-DOT
Please check off reason for urin	ne drug screen collection and/or breath alcohol test:
Pre-employment Post-Accident Follow-Up	Random Reasonable Cause Return to Duty
Other Services	
SIGNED:	DATE:
TITLE:	TELEPHONE:
HIRING MANAGER:	(Print)
	Signature) DATE:
WORKERS' COMP. INSURANCE CA	ARRIER: TEL.NO