

Alabama Center for Occupational Medicine & Prevention, Inc. (Alabama Comp)

114 Wildwood Parkway · Birmingham, AL 35209

Phone: 876-COMP (2667) · Fax: 205-876-2675

Dr. Bruce Romeo

EMPLOYER'S TREATMENT AUTHORIZATION FORM

(Please complete fully and send with employee.)

Company Name: _____ Date: _____

EMPLOYEE INFORMATION

(Valid identification is needed for all Drug Screens and Breath Alcohol Tests)

Name: _____ Position: _____

Worker's Compensation Injury/Illness

DOT Drug Test

Regular or Executive Physical

Non-DOT Drug Test (lab-based)

DOT Physical

Instant Drug Test

Audiogram

Breath Alcohol Test (DOT or Non-DOT)

Spirometry

Other _____

EMPLOYER INFORMATION AND AUTHORIZATION

Company Location: _____ Supervisor Name: _____

Work Phone: _____ Work Fax: _____

Contact Person: _____ Contact Phone Number: _____

ILLNESS OR INJURY INFORMATION

Date and Time When Occurred _____ Location: _____

Brief Description of Illness / Accident: _____

Please Call _____ at _____ after treatment.
(Name) (Phone)

AUTHORIZATION: Alabama Comp is authorized to treat the above named employees, and to bill for services rendered. Please submit a first report of this injury to the company and/or its insurance carrier as soon as possible.

Signature: _____ Date: _____