

ASANTE WORK HEALTH (asanteworkhealth.com)
Request for Services/Treatment Authorization

ASANTE USE ONLY	
Contact: _____	
Date: _____	Time: _____
Initials: _____	

Employee/Patient: _____ DOB: _____
 Employer: _____ Phone: _____

Please send this form with the employee/patient or fax to: Medford – 541-789-5965 Grants Pass – 541-507-2291
After office hours send this form with the employee to the emergency department

Injury Treatment

Light duty available Fax Return to Work Form to: _____

<p><u>Drug Testing</u></p> <p><input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT</p> <p><input type="checkbox"/> Pre-employment</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Post Accident</p> <p><input type="checkbox"/> Reasonable Suspicion</p> <p><input type="checkbox"/> Return to Duty</p> <p><input type="checkbox"/> Follow-up</p> <p>Notes _____</p>	<p><u>Breath Alcohol Testing (BAT)</u></p> <p><input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Post Accident</p> <p><input type="checkbox"/> Reasonable Suspicion</p> <p><input type="checkbox"/> Return to Duty</p> <p><input type="checkbox"/> Follow-up</p>	<p><u>Labs</u></p> <p><input type="checkbox"/> Hep B antibody titer</p> <p><input type="checkbox"/> Varicella antibody titer</p> <p><input type="checkbox"/> MMR</p> <p>Other _____</p> <p>_____</p> <p>_____</p>	<p><u>Injections</u></p> <p><input type="checkbox"/> Tetanus <input type="checkbox"/> Flu Shot</p> <p><input type="checkbox"/> MMR <input type="checkbox"/> Hep B</p> <p><input type="checkbox"/> PPD</p> <p><u>Other Services</u></p> <p><input type="checkbox"/> CXR</p> <p><input type="checkbox"/> Resp. Fit Test</p> <p><input type="checkbox"/> Audio OSHA/non-OSHA</p>
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<p><u>DOT Physical Exams</u></p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Comprehensive (with Audio and PFT)</p> <p><input type="checkbox"/> Pre-employment CDL Driver</p> <p><input type="checkbox"/> Recertification CDL Driver</p> <p><input type="checkbox"/> Non CDL Driver</p>	<p><u>Non-DOT Physical Exams</u></p> <p><input type="checkbox"/> Pre-employment</p> <p><input type="checkbox"/> Fit for Duty</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> RFT Qualifying Physical</p>
Appointment: Date: _____ Time: _____	
<u>Functional Testing</u> Job Title: _____ Appointment: Date: _____ Time: _____	

Employee Instructions: You must bring this form to your appointment(s)

- You **must** bring photo ID - Please arrive 15 minutes early to complete registration and paperwork
- **Please do not bring children with you.** No one will be allowed in the clinical area and children may not be left unattended in waiting room.
- If you are scheduled for a **Functional Test:**
 - Wear closed-toe shoes with good support. No sandals or high heels (preferably shoes that tie).
 - Wear comfortable loose-fitting clothing that will allow you to move freely.
 - Do not drink any caffeine products on the day of the evaluation (coffee, tea, cola, chocolate, etc.).
 - Get a good night of sleep prior to the evaluation.
 - Eat a light meal if mealtime is before evaluation (you will need the fuel).
 - Report all medications currently being taken at the time of evaluation. Some may affect your heart rate and must be taken into consideration with the results.
- Please refrain from drinking excessive amounts of liquids prior to appointment if you are doing a drug test.

LOCATIONS AND HOURS FOR WORK HEALTH SERVICES

- Asante Occupational Health, 781 Black Oak Drive, Suite 102, Medford, OR 97504 (541) 789-4236 - (Mon.-Fri. 7:00 a.m. to 4:30 p.m.)
- Asante Occupational Health, 625 SW Ramsey, Suite A, Grants Pass, OR 97527 (541) 507-2290 - (Mon.-Fri. 7:30a.m. to 4:30 p.m.)

AFTER HOURS

- Rogue Regional Medical Center emergency department, 2650 Siskiyou Blvd., Medford, OR 97504
- Asante Three Rivers Medical Center emergency department, 500 SW Ramsey, Grants Pass, OR 97527
- Asante Ashland Community Hospital emergency department, 280 Maple Street, Ashland, OR 97520 – (no drug screens/injury only)