



REFERRAL & AUTHORIZATION

EMPLOYEE FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ APPOINTMENT DATE/TIME _____
COMPANY NAME _____ LOCATION _____

As an agent of the company indicated above, I authorize Occupational Medicine Consultants to examine and treat if necessary, the individual bearing this form. The company agrees to accept financial responsibility for this service.

SIGNATURE _____ DATE _____ PHONE _____
(PERSON AUTHORIZING REFERRAL TO OMC)

Please Check All Services Authorized:

- Work Comp Injury
- Pre-employment Exam Include Back/Lifting/Flexibility Evaluation
- DOT Exam
- Other type of exam, please write in: _____
- Fitness for Duty Exam
- Return to Duty Exam
- Respirator New User Exam PFT Fit Test Respirator User Follow Up Exam
- Audiogram _____
- Blood borne or Airborne Exposure
- Chest X-ray
- Hepatitis B Series
- DOT DRUG SCREEN: with DOT Approved QED Saliva Alcohol Screening with Breath Alcohol
SELECT ONE: Pre-Employment Random Post Accident Follow-Up Return-to-Duty Reasonable Suspicion
- NON-DOT DRUG SCREEN:
SELECT ONE: Pre-Employment Random Post Accident Follow-Up Return-to-Duty Reasonable Suspicion

RESULTS of the Examination(s) Provided Today are to be Reported to:

NAME _____ TITLE _____
PHONE _____ FAX _____ E-MAIL _____

A PICTURE ID MUST BE PRESENTED FOR DRUG SCREENING
Office Hours: 7:30 am – 5:00 pm
APPOINTMENT PHONE NUMBER (952) 920-5663

WALK-IN Newly injured workers may walk in. Injury return visits are scheduled.
INFORMATION Drug Screens and DOT exams may walk in – afternoon hours preferred.

Location/Directions: From France Avenue: to OMC at 6515 Barrie Road
Take 65th Street East two blocks to T intersection (stop sign) which is Barrie Road. Turn right on Barrie.
Turn left into first driveway on left. Parking and entrance in rear of building. On bus line #6 Southdale.