



MARGARET MARY HEALTH

P.O. Box 226 • 321 Mitchell Avenue
Batesville, IN 47006
Phone: 812.934.6624

Patient Label

AUTHORIZATION FOR SERVICES

Company Name: _____ Company Phone: _____

Designated Employee Representative (Please print): _____

Alternate Contact (Please print): _____

Designee Phone: _____ Designee Fax: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ Department: _____

Injury

Type of Injury: _____

Date Injury Occurred: _____ Time Injury Occurred: _____ AM/PM

Physicals

- | | |
|--|--|
| <input type="checkbox"/> New Hire Exam | <input type="checkbox"/> DOT/CDL Exam |
| <input type="checkbox"/> Return to Work Exam | <input type="checkbox"/> Chauffeur Exam |
| <input type="checkbox"/> Respirator Clearance Exam | <input type="checkbox"/> PIV (Powered Industrial Vehicle) Exam |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> FAA Exam |

Other Services

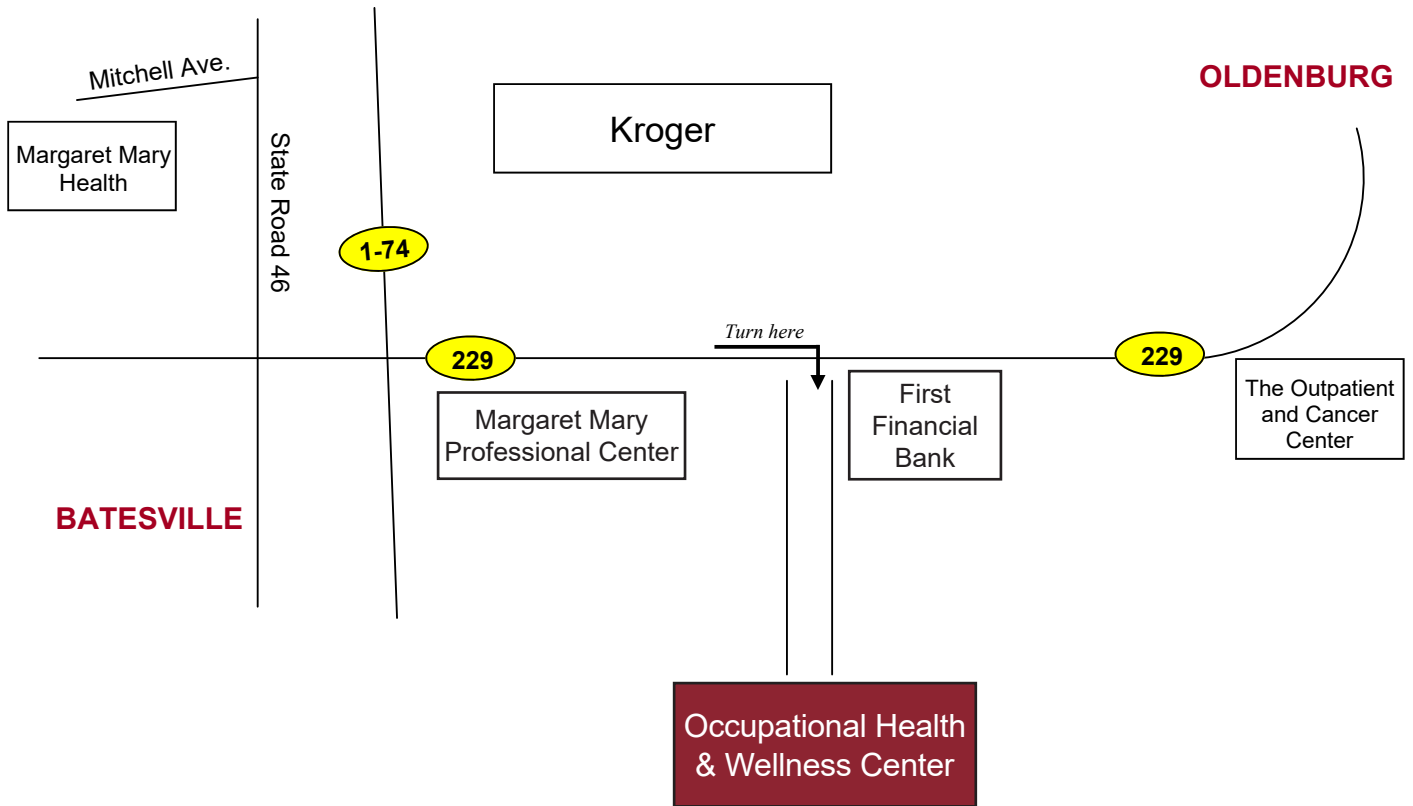
- | | |
|---|--|
| <input type="checkbox"/> Vaccine: _____ | <input type="checkbox"/> Tuberculin Skin Test |
| <input type="checkbox"/> Titer (Immune Status Check): _____ | <input type="checkbox"/> Audiogram |
| <input type="checkbox"/> Other: _____ | <input type="radio"/> Baseline <input type="radio"/> Annual <input type="radio"/> Retest |

Substance Abuse Test Requested (Photo ID Required)

- Regulated (DOT) Non-Regulated
- Urine Drug Screen
- Breath Alcohol Test
- Breath Test and Urine Drug Screen

Purpose of Test (Photo ID Required)

- Reasonable Suspicion/Just Cause
- Random
- Random - Rehab Program
- Post Accident
- New Hire
- Other: _____



Hours of Operation

Monday

7:30 AM - 6:00 PM

Tuesday - Friday

7:30 AM - 4:30 PM

After-hours care is available in the Margaret Mary Health Emergency Services Department.