

Harrisburg Office
2323 Linglestown Rd.
Harrisburg, PA 17110
717-540-9355

Mechanicsburg Office
6481 Carlisle Pike
Mechanicsburg, PA 17050
717-796-9355

Carlisle Office
1175 Walnut Bottom Road
Carlisle, PA 17015
717-258-9355

Date: _____ Time: _____

Patient's Preferred Name: _____ Date of Birth: _____

PICTURE ID REQUIRED FOR ALL DRUG/ ALCOHOL TESTING!

- Required to report to nearest UPMC Urgent Care facility within 24 hours.
- Services Requested

DOT Testing

- Physical Exam
- Urine Drug Screen Breath Alcohol Hair

Reason: Pre-employment Random Post-accident Reasonable Suspicion
 Other: _____

NON-DOT Testing

- Physical Exam
- Urine Drug Screen Breath Alcohol Hair

Type: eCup 5 Panel Instant **Reason:** Pre-employment
 5 Panel Send Out Post Accident
 xCup Panel Instant Random
 10 Panel Send Out Reasonable Suspicion
 Other: _____ Other: _____

Other

- Spirometry: _____
- Audiometry: _____
- Immunization: _____
- Other: _____

Injury Evaluation

Date of Injury: _____
Injured Body Part: _____


Employer: _____ Dept: _____

Telephone: _____

Authorized By _____ (Signature) _____ (Printed Name) _____ (Date) _____ (Time)

Title: _____

UPMC LIFE CHANGING MEDICINE
TREATMENT AUTHORIZATION



PATIENT IDENTIFICATION

Patient Name: _____

MR Number: _____

Date of Birth: _____