

TREATMENT AUTHORIZATION



Harrisburg Office
2323 Linglestown Road
Harrisburg, PA 17110
717-540-WELL (9355)

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

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

Date: _____ **Time:** _____

Patient Name: _____ **Date of Birth:** _____

PICTURE ID REQUIRED FOR ALL DRUG/ALCOHOL TESTING!

SERVICES REQUESTED

Required to report to nearest AllBetterCare facility within 24 hours.

DOT Testing

- Physical Exam
 Urine Drug Screen
 Breath Alcohol
 Hair
- Reason:** Pre-employment
 Post-accident
 Random
 Reasonable Suspicion
 Other: _____

NON-DOT Testing

- Physical Exam
 Urine Drug Screen
 Breath Alcohol
 Hair
- Type:** eCup 5 Panel Instant
 5 Panel Send Out
 xCup 10 Panel Instant
 10 Panel Send Out
 Other: _____
- Reason:** Pre-employment
 Post Accident
 Random
 Reasonable Suspicion

Other

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

Injury Evaluation

Date of Injury: _____
Injured Body Part: _____

Employer: Dickinson College Dept. HR Services

Telephone: 717-245-1503

Authorized By: _____ Print: _____

Title: _____

Signature: _____ Verbal