



Employer's Authorization for Examination and/or Treatment
(Must Present Photo ID at Time of Service)

Patient Name: _____ SSN / ID # : _____

Company: CPI, Inc. - Atlanta Order Expire Date: _____

Company Address: 1600 Marietta Rd NW, Gate 6 Atlanta, GA 30318 Co. Phone: _____

Company Contact: _____ Email: _____

Signature: _____ Date: _____

Billing:
 Employee To Pay At Time of Service
 Employer (See Address Above)
 Workers Compensation (Report injury to your Ins. Co.)
 Ins. Co: _____
 Policy #: _____
 Phone #: _____
 Claim #: _____

Drug Testing Only:
 ① Test: _____ ② Reason: _____
 Urine Drug Test: _____ DOT _____ Non-DOT _____ Post Accident / Injury
 Rapid Urine Drug Check _____ eCup _____ Random Testing
 Breath Alcohol Test _____ Reasonable Suspicion
 Hair Analysis _____

Work Related / Injury Care:
 Date of Injury: _____
 Evaluate & Treat
 LIGHT DUTY IS AVAILABLE

Pre-Employment Services:
 Urine Drug Test: _____ DOT _____ Non-DOT
 Rapid Urine Drug Check _____ eCup
 Breath Alcohol Test
 Hair Analysis
 Physicals: _____ DOT _____ DOT Re-Cert. _____ Basic

Return to Work Evaluation _____
 Fit for Duty _____ (Physical + Level 3 PPE)
 Job Title _____
 (Please Provide Job Description)

_____ Physical Performance Evaluation
 (Please Provide Job Description) (Items in this section may require a Basic Physical)
 Respirator Fit Testing:
 _____ Qualitative
 _____ Quantitative: Mask Type*: _____
 Pulmonary Function Test (PFT) *(Required)

Special Instructions/Other Testing:

_____ Audiogram - OSHA Conservation
 Blood Testing: _____
 _____ CBC _____ CMP _____ LIPID
 _____ ZPP _____ Heavy Metal: _____
 TB Skin Test
 X-rays: _____ Chest _____ B-Read
 Vision Testing:
 _____ Wall Chart _____ J -2 _____ Color (Ishihara)
 EKG
 Blood Lead _____
 Mercury _____
 Arsenic _____
 Cadmium _____
 Chromium _____
 Specific _____