



PATRICIA H. JANKI, MD, PA
Occupational Medicine
13601 Woodforest Blvd. Houston TX, 77015

TREATMENT AUTHORIZATION

Date: _____ Time: _____ am / pm

Patient Name: _____

PHYSICAL EXAMINATIONS

DOT PHYSICALS

New Certification Re-Certification

NON-DOT PHYSICALS

Pre-Employment Other

INJURY TREATMENT

Date of Injury: _____ Last date worked: _____

Specify type of injury: _____

DRUG SCREEN COLLECTIONS

DOT DRUG SCREEN

NON-DOT DRUG SCREEN

Specify Reason:

Pre-Placement Random Post-Accident / Injury
 Return to Duty Follow Up Reasonable Suspicion

ALCOHOL TESTS

BREATH ALCOHOL TEST

SALIVA ALCOHOL TEST

Specify Reason:

Pre-Placement Random Post-Accident / Injury
 Return to Duty Follow Up Reasonable Suspicion

Employer: **All Star I & E, Inc.** Phone:**281.298.5757** Fax:**281.298.6232**

Authorized by: _____

Comments: _____



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