



676 FM 517 RD. W.
DICKINSON, TX 77539
Phone: 409-572-2535
Fax: 409-572-2480

Date: _____

Employer's Authorization for Examination or Treatment

Employee Name: _____ Company Name: _____

Date of Birth: _____ Site #/ Street Address: _____

Reason For Visit

☐ Work Related Injury ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion ☐ Post Accident
☐ Return to Duty ☐ Follow Up ☐ Other _____

Drug Testing

☐ Non-DOT Urine
☐ DOT Urine
☐ Hair Folicle
☐ Rapid Urine
☐ 5 Panel ☐ 10 Panel ☐ 12 Panel
☐ Non-DOT EBT
☐ DOT EBT

Vaccinations

☐ Hep A
☐ Hep B
☐ MMR
☐ TB Skin Test
☐ T-Dap
☐ Tetanus
☐ Yellow Fever

Physical Exams

☐ Non-DOT Physical
☐ DOT Physical
☐ USCG Physical
☐ OGUK Physical
☐ Asbestos Physical
☐ Benzene Physical
☐ Dive Physical
☐ Other _____

Testing

☐ Audiogram
☐ EKG
☐ Respirator Fit Testing
Mask Type _____
☐ Fit for Duty
☐ Pulmonary Function
☐ Other _____

Blood Work

☐ Benzene
☐ Blood Lead
☐ Hep A Titer
☐ Hep B Titer
☐ Other _____

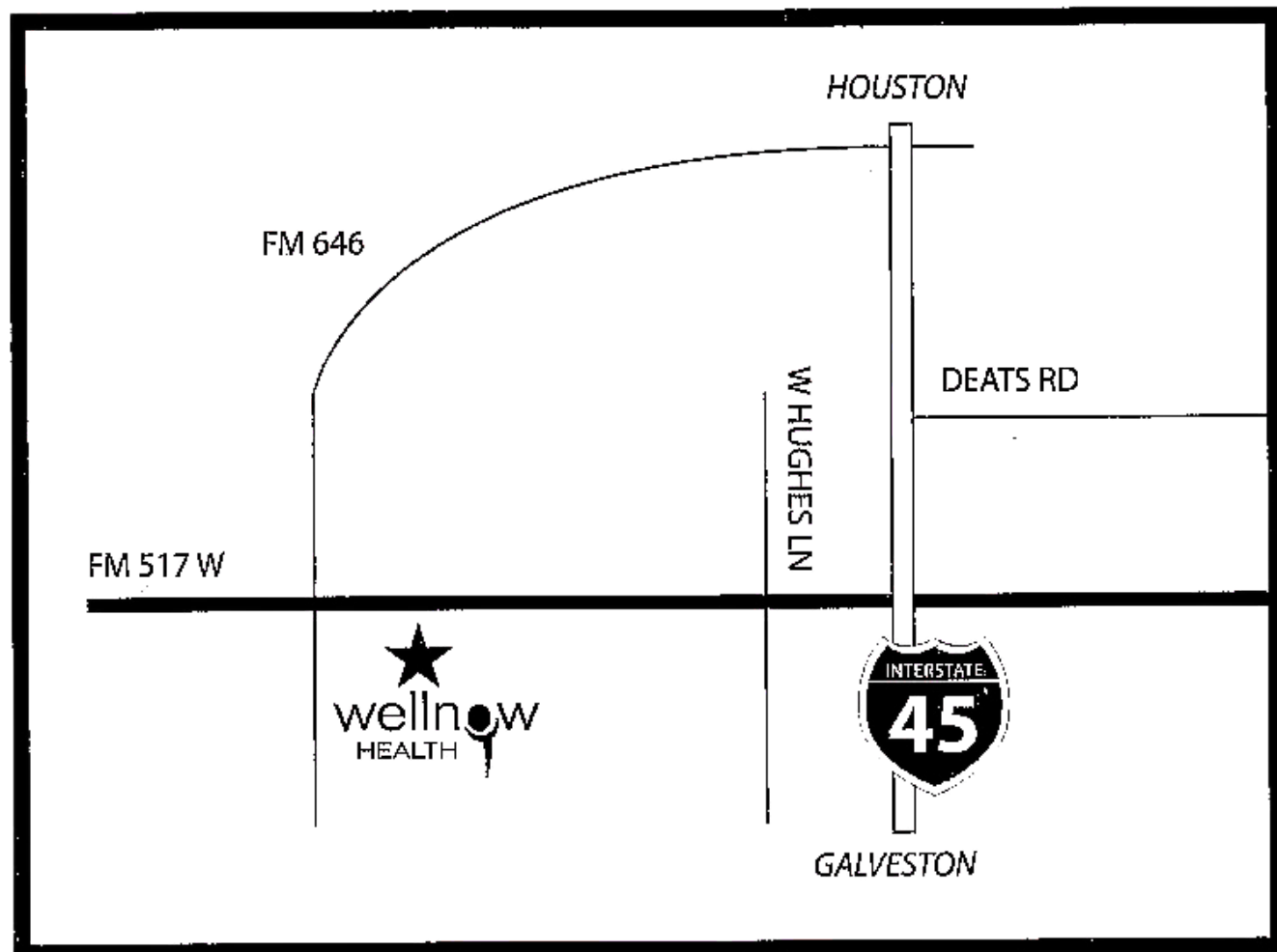
Notes: _____

Billing

Authorized By: _____ ☐ Direct Bill
Phone Number: _____ ☐ Workers Compensation Insurance



DISA PREFERRED SITE



LOCATION & HOURS

676 F.M. 517 West
Dickinson, Texas 77539

Phone: 409.572.2535

Fax: 409.572.2480

TESTING & PHYSICALS

8am-5pm (Mon-Fri)