



3235 Perkins Road
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 Office: (225) 387-3030
 Fax: (225) 387-4521

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 Office: (225) 231-7070
 Fax: (225) 231-7069

13466 Vera McGowan Road
 Walker, LA
 Office: (225) 380-1720
 Fax: (225) 380-1719

Original Date:	
Dates Revised:	

PRE-AUTHORIZATION FORM

Date: _____

Company Name: _____ Supervisor: _____

Employee Name: _____

DRUG SCREENS COLLECTION				
<input type="checkbox"/> DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other
<input type="checkbox"/> NON DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other

PHYSICALS		
<input type="checkbox"/> DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Re-Cert
<input type="checkbox"/> NON DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Re-Cert

ALCOHOL TEST		
<input type="checkbox"/> DOT	<input type="checkbox"/> Breath	<input type="checkbox"/> Saliva
<input type="checkbox"/> NON DOT	<input type="checkbox"/> Breath	<input type="checkbox"/> Saliva

<input type="checkbox"/> Audiometry	<input type="checkbox"/> Respirator Questionnaire
<input type="checkbox"/> Pulmonary Function	<input type="checkbox"/> Respirator Fit Test

Labs: _____

Other (Please be specific): _____

