



**NATIONAL OCCUPATIONAL HEALTH SERVICES, LLC.**

6732 E. 41st St. Tulsa, OK 74145  
(918)794-4777 Voice (918)794-4778 Fax

**AUTHORIZATION FOR EXAMINATION AND TESTING**

*PHOTO ID IS REQUIRED AT TIME OF SERVICE*

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

POSITION: \_\_\_\_\_ JOB CODE: \_\_\_\_\_

COMPANY NAME: Oklahoma Department of Corrections

FACILITY: \_\_\_\_\_

RESPONSIBLE PARTY: National Occupational Health

**DRUG & ALCOHOL TESTING SERVICES REQUESTED**

*PLEASE CHECK ALL THAT APPLY*

**REASON:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pre-Employment             | <input type="checkbox"/> Random        | <input type="checkbox"/> Promotion/Current |
| <input type="checkbox"/> Reasonable Suspicion/Cause | <input type="checkbox"/> Post-Accident |  |

**SUBSTANCE ABUSE TESTING:**

**URINE DRUG SCREEN**

- ☐ 5 PANEL LAB (NON-DOT)  
☐ DOT DRUG SCREEN

**BREATH ALCOHOL TEST**

- ☐ NON-DOT  
☐ ALCOHOL

**SERVICES REQUESTED**

**PHYSICALS:**

- ☐ PRE-EMPLOYMENT WORK EXAM

**APPOINTMENT DATE AND TIME**

**DATE**

**ISSUED:** \_\_\_\_\_ **TIME ISSUED:** \_\_\_\_\_ ☐ AM ☐ PM

**REPORT BY:** \_\_\_\_\_ ☐ AM ☐ PM

**REPORT TO CLINIC/COLLECTION SITE NAME AND ADDRESS**

**Authorized by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\* ATTENTION COLLECTION SITE \*\*\*\***

**IF DONOR DOES NOT ARRIVE ON THE AUTHORIZATION DATE OR APPOINTMENT TIME,  
DO NOT PERFORM A COLLECTION!!!!**