

ROUTE 53 MEDICAL ASSOCIATES

Phone (973) 359-8859
Fax (973) 359-8860

891 Tabor Road (Route 53)
Morris Plains, NJ 07950

Employer Authorization for Evaluation / Treatment

Today's Date: _____ Company Name: _____ Department: _____

Employee's Name: _____ Date of Appointment: _____

Note: Before faxing, an appointment MUST be scheduled.

Treatment Needed- (check all that apply)

_____ Pre-Employment Physical (check drug screen if needed)
Please state Position / job description _____

_____ Annual Physical _____ DOT physical: __ new certification __ recertification
_____ Respirator Physical _____ Ergonomics evaluation
_____ Return to work evaluation _____ Audiometry
_____ Fitness for duty _____ Structural Exam/Range of Motion
_____ Drug Screen __ DOT __ NON-DOT
_____ Breath Alcohol Test (BAT) __ DOT __ NON-DOT
_____ Rapid Drug Screen –NON-DOT 5 Panel
_____ IME

Check Reason for Drug screen or BAT

__ Random __ Post-accident/ prob. cause __ Reasonable suspicion
__ Pre-employ. __ Return to Duty __ Follow-up __ OBSERVED

_____ **Work related injury Evaluation Authorized** Date of Injury _____

If the physician at **Route 53 Medical** determines that the injury/condition is **not work related**, the employer agrees to be financially responsible for any and all office visit fees that are necessary in order to make this determination. If the injury/condition is deemed not work related, the physician at **Route 53 Medical** will refer the employee to his/her private medical doctor for further evaluation and treatment.

Treatment Authorized by: _____ / _____

Print Name and Title

Authorized Employer Signature

Phone Number: _____

Fax Number: _____

All information above must be provided & form signed by Employer Authorized Representative before we can evaluate.

NOTE TO EMPLOYER: If Submitting to your Worker's Compensation Insurance Company, you must call or fax us the WC Ins. Co. Name & Case Claim # within 24 hrs.

THANK YOU!

WC Insurance Company: _____ Case Claim #: _____

Adjustor's name and phone number _____

This Authorization form can be obtained on line at <http://www.route53medical.com>

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