

Authorization for Treatment  
Arkansas Occupational Health Clinic  
4001 Wagon Wheel Rd Springdale AR 72762  
Mailing Address: AOHC, PO BOX 1065, Lowell AR 72745  
Hours: Mon – Fri 7:00 a.m. – 5:30 p.m.  
Telephone: 479-725-3000 Fax 479-725-3095

Company: \_\_\_\_\_

Patient: \_\_\_\_\_

SSN: \_\_\_\_\_

Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Medical Evaluation of a workers comp injury

What is injury: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Claim #: \_\_\_\_\_

Drug Testing (no appointment necessary, must bring legal picture ID or drivers license):

\_\_\_\_\_ DOT Drug Screen--please check what type of testing

- \_\_\_\_\_ Preplacement
- \_\_\_\_\_ Random
- \_\_\_\_\_ Post Accident
- \_\_\_\_\_ Reasonable Cause

\_\_\_\_\_ NON-DOT Drug Screen--please check what type of testing

- \_\_\_\_\_ Preplacement
- \_\_\_\_\_ Random
- \_\_\_\_\_ Post Accident
- \_\_\_\_\_ Reasonable Cause

\_\_\_\_\_ Hair Testing

\_\_\_\_\_ Breath Alcohol

\_\_\_\_\_ Other \_\_\_\_\_

Physical (please call 479-725-3001 to schedule an appointment):

\_\_\_\_\_ NON-DOT Physical Examination

\_\_\_\_\_ DOT Physical      \_\_\_\_\_ Preplacement      \_\_\_\_\_ Recertification

Authorized by: \_\_\_\_\_

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

Submit your authorization by clicking on the location that you will be visiting below