CRESTWOOD
WORKERS CARE

7736 Madison Blvd • Huntsville, AL 35806
256-830-8930 • *fax* 256-830-8932

Treatment Authorization

Patient's Name: _____ Date: _____

Company: _____ Phone: _____

Treatment Authorized by: _____ Title: _____

☐Drug Screen (Type requested: DOT, non-DOT, 5 panel, 10 panel, Quick Test, hair, collection only) ☐EBT/BAT (Evidential BreathTest/Breath Alcohol Test)	☐Workers' Compensation Injury Date of Injury: _____ WC insurance carrier: _____ Pharmacy preference: _____
☐DOT Physical ☐Non-DOT Physical ☐Audiogram ☐Tb Skin Test (PPD) ☐ Other Service: _____	Light duty available: ☐Yes ☐No Include Post Injury drug screen? ☐Yes ☐No Include EBT/BAT? ☐Yes ☐No