



G O N Z A B A
occmmed
 employer/employee health system

Authorization for Examination & Treatment

Name: _____ Job Title: _____
 Company Name: _____ DOB: _____ SSN: _____
 Injury Care: _____ Date of Injury: _____

PHYSICAL EXAMS	
_____ DOT New Certification	_____ Type Pre-Employment
_____ DOT Recertification	_____ Annual
_____ Physical Exam	
_____ Hazmat Exam	
_____ Respirator	
_____ Pulmonary Function Test	
_____ Audiogram	
_____ Other _____	

SUBSTANCE ABUSE	
_____ Regulated (DOT)	_____ Type Pre-Employment
_____ Non-Regulated	_____ Random
<input type="checkbox"/> 5-panel <input type="checkbox"/> 10-panel <input type="checkbox"/> Other	_____ Reasonabla Suspicion/Cause
_____ Rapid Test	_____ Post Accident
_____ Hair Collection	_____ Return to Duty
_____ Breath Alcohol	_____ Other _____
Comments: _____	

Authorized by: _____ Date: _____

Telephone: _____ Fax: _____

Comments: _____

MAIN CLINIC
TEL: 210.921.3800
FAX: 210.921.6615

720 Pleasanton Road
 San Antonio, TX 78214
 Mon - Fri 8am - 5pm

AFTER HOURS INJURY CARE:
 Mon - Fri 5pm - 8pm
 Weekends: 8am-8pm

INJURY CARE ONLY

NORTHWEST CLINIC

TEL: 210.921.3800
 7616 Culebra Rd., #130
 San Antonio, TX 78251

Mon - Fri 8am - 8pm
 Weekends: 8am-8pm

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