

Marquette General Occupational Medicine

At the Peninsula Medical Center:
 1414 West Fair Avenue, Suite 35
 Marquette, Michigan 49855
 906-225-4555
 Fax: 906-225-4554

Service Requisition and Authorization

At Doctors Park:
 2500 7th Avenue South, Suite 120
 Escanaba, Michigan 49829
 906-786-0440
 Fax: 906-789-3764

Please indicate the services you are requesting below, sign, and fax back to 906-225-4554

Date	Company										
<input type="checkbox"/> Medical treatment for occupational injury	Date of Injury	Worker Comp Insurance Co. Address: Phone #:									
<input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Breath Alcohol Test	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Single specimen <input type="checkbox"/> Split specimen	<input type="checkbox"/> Employee will bring CCF to appointment <input type="checkbox"/> Employer will have CCFs sent to our office									
Physical Examinations <input type="checkbox"/> DOT physical <input type="checkbox"/> Non DOT physical (check additional testing components below if indicated): <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Vision test (Titmus-near/far/color/peripheral)</td> <td><input type="checkbox"/> Audiogram:</td> </tr> <tr> <td><input type="checkbox"/> Snellen (distant vision only)</td> <td><input type="checkbox"/> Beltone</td> </tr> <tr> <td><input type="checkbox"/> PFT</td> <td><input type="checkbox"/> Air only threshold</td> </tr> <tr> <td><input type="checkbox"/> Respirator clearance</td> <td><input type="checkbox"/> EKG with cardiologist interpretation</td> </tr> </table>				<input type="checkbox"/> Vision test (Titmus-near/far/color/peripheral)	<input type="checkbox"/> Audiogram:	<input type="checkbox"/> Snellen (distant vision only)	<input type="checkbox"/> Beltone	<input type="checkbox"/> PFT	<input type="checkbox"/> Air only threshold	<input type="checkbox"/> Respirator clearance	<input type="checkbox"/> EKG with cardiologist interpretation
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Bill to: <input type="checkbox"/> Company <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Employee	Billing Address:		Results to: Name: Address:								
Additional instructions/requests:											
Employer contact / authorizing services listed above Print: Sign:		Phone #: Fax:									