

ExpressMed / ProMed

Medical Clinic, PLLC

628 W. Innes Street, Salisbury, NC 28144

Office (704) 637-8040

AUTHORIZATION FORM

ATTENTION EMPLOYER: Please complete information and indicate all test(s) and/or treatment you want performed for employee.

Employee Name: _____ **SSN:** _____ - _____ - _____

Company Name: Rowan County Government **Contact:** _____

PHYSICALS (Pre-Employment)

____ Non DOT Physical
____ Audiogram (Hearing Screening)
____ Spirogram (EMS)
____ Back Exam
____ Vision Screening

DRUG TESTING (Pre-Employment)

____ Non DOT (10 Panel)
____ DOT (Sheriff / Detention)

OTHER DRUG TESTING

____ Random DOT (Sheriff / Detention)
____ Random Non DOT
____ Post Accident (Non DOT)
____ Blood Alcohol

TESTS and or SCREENINGS

____ Respirator / Mask Fit Test
(Rowan County provides mask)
____ Respirator Medical Evaluation
____ Respirator Fit Test
____ TB (2 Step)
____ Post Accident Medical Treatment

Bill Directly to: *Rowan County Government*

(Billing related to post accident drug screens and medical treatment send to:)

Name: Yvonne Moebs

Address: 130 West Innes Street

City: Salisbury

State: North Carolina

Zip Code: 28144

Phone: Office (704) 216-8109

Cell: (704) 798-1645

Fax: (704) 216-8110

Email: yvonne.moebs@rowancountync.gov

AUTHORIZED SIGNATURE REQUIRED FOR TREATMENT

Name (Print) _____

Name (Signature): _____ **Date:** _____