

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:** _____