



26454 Woodward Ave.
Royal Oak, MI 48067

5130 Coolidge Hwy.
Royal Oak, MI 48073

Main Phone: 248-556-4241 | Fax: 248-850-7003

www.bromg.com

occmed@royaloakmedical.com

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Send All Patient Data by: Mail Fax E-mail (fill in appropriate info)

To Attn. of: _____

I certify HIPAA compliance via this choice. _____

Work Related

Injury Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen Breath Alcohol

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other _____

Types of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special Instructions/comments: _____

Authorized by: _____

Phone: _____

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other _____

Billing (check if applicable)

Employee to pay charges

★Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: _____

Date

Birmingham Royal Oak Medical Group also offers urgent care services for non-work related illness and injury.

We accept insurance plans.

(Copies of this form are available at www.bromg.com)