



AUTHORIZATION FORM

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Patient **Must** Present Photo ID at Time of Service

Today's Date _____

Employer Name: _____ Phone: _____

Employee/Patient Name: _____ DOB: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Authorized by: _____ Title: _____ Authorization Date: _____

BILLING: Employee's Responsibility Employer's Responsibility Other: _____

Worker's Comp Injury Date of Injury: _____ Body Part: _____

Direct Bill WC Insurance _____ Claim# _____

DRUG TESTING

- | | |
|---|--|
| Reason: | Type: |
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Non-Regulated |
| <input type="checkbox"/> Post Accident | <input type="checkbox"/> Regulated |
| <input type="checkbox"/> Follow Up | <input type="checkbox"/> Rapid 5 Panel |
| <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Rapid 10 Panel |
| <input type="checkbox"/> Random | <input type="checkbox"/> Collection Only |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Hair |
| <hr/> | |
| <input type="checkbox"/> Breath Alcohol Test | <input type="checkbox"/> Observed |

PHYSICAL EXAMS

- DOT Physical: New Recertification
 Pre-Employment Annual
 Other: _____

VACCINES

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Hep B | <input type="checkbox"/> Hep A |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Tdap |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Influenza |
| <hr/> | |
| <input type="checkbox"/> TB Skin Test | <input type="checkbox"/> TSpot |

SPECIAL TESTING

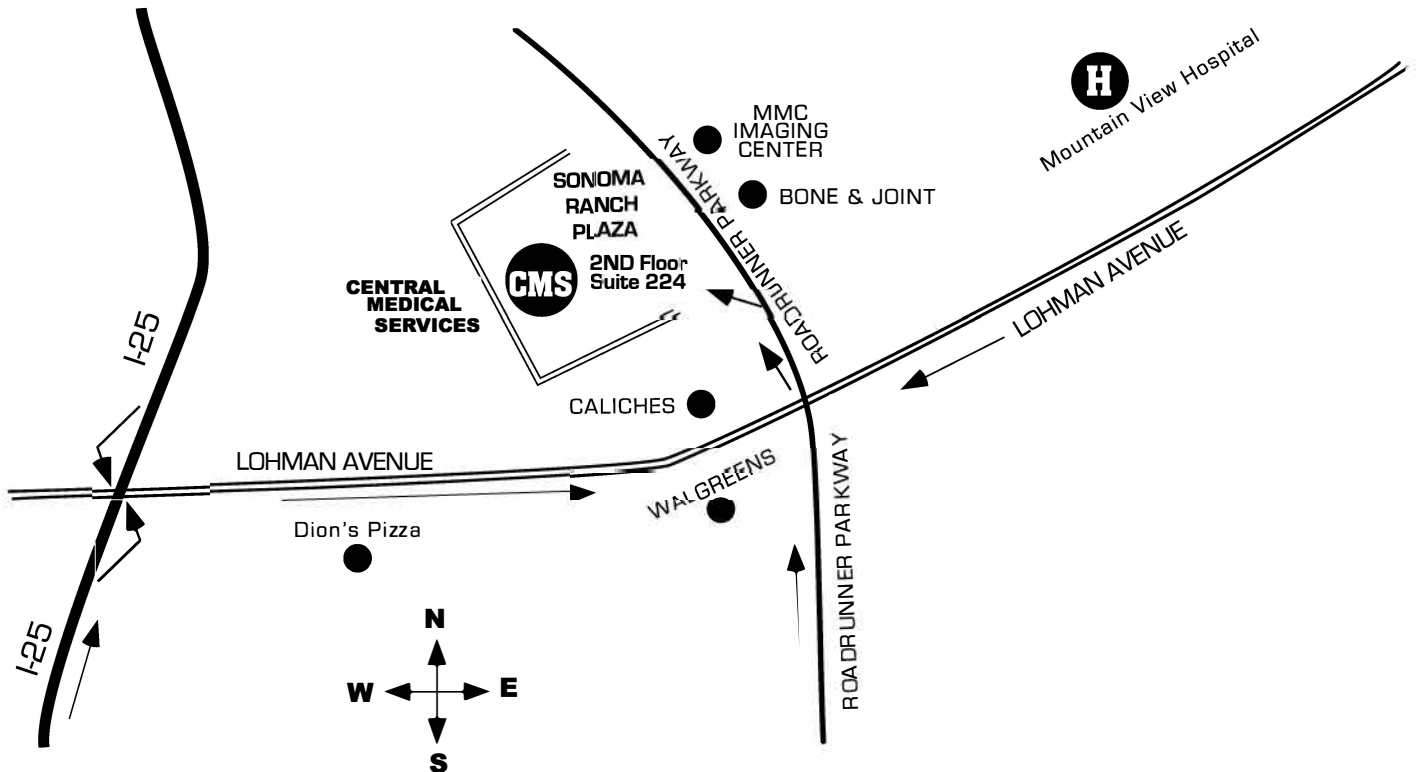
- Hep B Titer
- Varicella Titer
- MMR Titer
- Chest X-Ray
- Audiogram
- Pulmonary Function Test
- Mask Fit Test
- OSHA Questionnaire
- Lift Test
- Other: _____

Results/Special Instructions/Comments: _____

A&R Special Tees, LLC/575-523-8661/Rev.8/12/2020

CENTRAL MEDICAL SERVICES

141 Roadrunner Pkwy, Suite 224
 Las Cruces, NM 88011
 Monday through Friday
 8:00 a.m. to 5:00 p.m.



A&R Special Tees, LLC/575-523-8661/Rev.8/12/2020