

TYLER MEDICAL SERVICES

St. Charles

Tyler Medical Services
 525 Tyler Road, Suite J
 St. Charles, IL 60174
 Phone: (630) 584-2070
 Fax: (630) 584-2465

AUTHORIZATION FORM

_____ gives permission to have
 (Employer Name)

_____ seen at:
 (Employee Name)

Tyler Medical Services St. Charles

 Signature of Authorizing Company Representative Date

Purpose of visit:

_____ Work-related injury evaluation and treatment

 Date of Injury

 Area of Body Affected

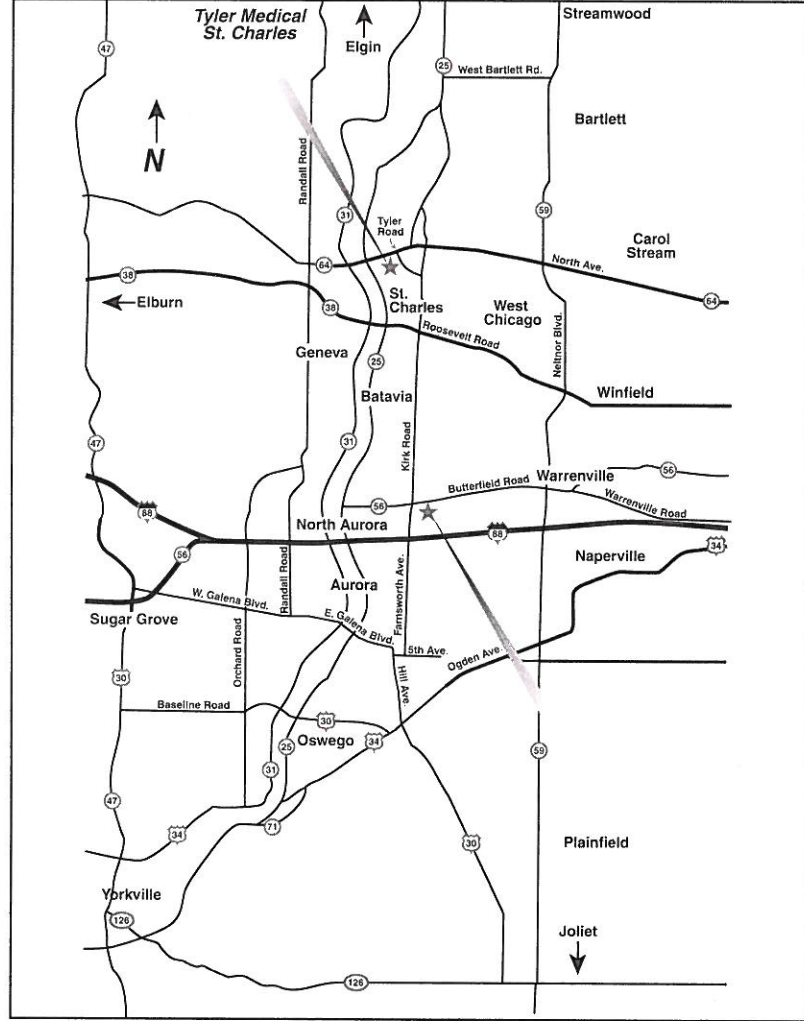
_____ Physical Examination
 _____ D.O.T. Physical
 _____ Drug Screen Collection _____ Breath Alcohol Collection

Reason for test: Pre-Placement Post-Accident
 Random Reasonable Suspicion
 Return to Duty/Follow-up

_____ Pulmonary Function Testing (PFT)
 _____ Audiogram
 _____ Titmus Vision Screening
 _____ Other Service _____

- Bring photo ID at time of visit.
- If under age 18, parental consent is required.

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Monday - Friday
 7:00 AM - 6:00 PM
 Saturday
 8:00 AM - 12:00 PM