



PATRICIA H. JANKI, MD, PA  
Occupational Medicine  
13601 Woodforest Blvd. Houston TX, 77015

**TREATMENT AUTHORIZATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Patient Name: \_\_\_\_\_

**PHYSICAL EXAMINATIONS**

**DOT PHYSICALS**

New Certification  Re-Certification

**NON-DOT PHYSICALS**

Pre-Employment  Other

**INJURY TREATMENT**

Date of Injury: \_\_\_\_\_ Last date worked: \_\_\_\_\_

Specify type of injury: \_\_\_\_\_

**DRUG SCREEN COLLECTIONS**

DOT DRUG SCREEN

Pre-Placement  
 Return to Duty

NON-DOT DRUG SCREEN

Random  Post-Accident / Injury  
 Follow Up  Reasonable Suspicion

Specify Reason:

**ALCOHOL TESTS**

BREATH ALCOHOL TEST

Pre-Placement  
 Return to Duty

Random  Follow Up

SALIVA ALCOHOL TEST

Post-Accident / Injury  
 Reasonable Suspicion

Specify Reason:

Employer: All Star I & E, Inc. Phone:281.298.5757 Fax:281.298.6232

Authorized by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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