

PO# 1069153

OccMed

#25 Briercroft Office Park
Lubbock, Texas 79412
Mon – Fri: 8 am – 5:15 pm
806-795-7433
Fax: 806-795-7407

6014 45 Street, Ste # A
Lubbock, Texas 79407
Mon – Fri: 8 am – 5 pm
806-780-7433
Fax: 806-780-7434

Texas Tech University System and Texas Tech University AUTHORIZATION FOR EXAMINATION OR TREATMENT

Patient Name: _____

Job Classification: _____ Home Telephone: _____

Department Name: TTU Operations- Dept. Telephone : _____

Dept. P.O Box: 3142 City: Lubbock Zip code: 79409

Authorized by: _____ Date: _____

Signature: *Hilda Cordero*
Type Name

Hiring Manager (if different) _____ Email: _____

Date & Time Employee/Prospective Employee notified for testing:
***Must report for testing within 24 hours of this date. _____

MUST SELECT ONE ON EACH LINE

PRE-EMPLOYMENT _____ 15 PASSENGER VAN OPERATOR _____ POST ACCIDENT X

DOT _____ Non-DOT _____

Optional at Extra Fee – Select If Requesting

Alcohol Screen _____ Hair Follicle Testing _____