

Permission to treat form (Optional)

Please call ahead, or fax this form, to one of our locations to let us know that one of your employees will soon arrive.

Permission is given to Middlesex Hospital Occupational Medicine to provide medical service to the employee documented below:

534 Saybrook Road
Second Floor
Middletown, CT 06457
(860) 358-2750
FAX (860) 358-2757

252 Westbrook Road
(Route 153)
Essex, CT 06426
(860) 358-3840
FAX (860) 358-3843

We are Your Workplace Health Resource!

Company Name: _____

Authorized By (print name): _____

Company Phone: _____

Workers Comp Ins. Carrier: _____

Phone: _____

Policy #: _____

Expiration Date: _____

Employee Name: _____

Primary Phone #: _____

Occupation: _____

Date of Hire: _____

Work Status (FT, PT): _____

Date of Injury: _____

Injured body part(s) & brief description of injury (if applicable): _____

Request for Medical Treatment:

Treatment of Work-Related Injury

DOT Driver's Physical: Initial Recertification

CDL/PSL Driver's Physical

General Post-Offer Physical

Periodic Physical

Respirator Wearer's Physical: Asbestos General

Return to Work

Special Testing Required:

Drug Test

Drug Test Collection Only

Breath Alcohol Test

EKG

Hearing Test (Audiometry)

Blood Work (specify) _____

Spirometry

Other Service Request (specify) _____