THE PORT
Occupational and Medical Clinic

(Patient must present Authorization and Photo ID at the time of service.)
20035 State Hwy 48, Brownsville, TX 78521

Clinic Hours: Monday - Friday 8:00am – 5:00pm
Office (956) 431-0452 Fax (956) 431-0454

Authorization for Examination or Treatment

Patient Name: _____ DATE: _____
Social Security#: _____ D/O/B: _____
Company Name: _____ Company Phone: _____
Company Address: _____
Company Contact: _____ Contact Email: _____
Email Results to: _____ Email: _____
Print: _____ SIGNATURE: _____

DRUG SCREENING OR COLLECTION
DOT Drug Screen
NON-DOT Drug Screen
RAPID Drug Screen 5 Panel 10 Panel
Breath Alcohol Test
Saliva Drug Screen
REASON:
Post Accident Pre-Employment
Random Return to Duty
Reasonable Suspicion Other: _____

EMPLOYMENT PHYSICALS
DOT PHYSICAL
NON-DOT PHYSICAL
ANNUAL/WELLNESS PHYSICAL

RESPIRATOR FIT TESTING
Qualitative _____ Quantitative _____
Mask Type: HALF FULL HONEYWELL
SCOTT OTHER

PULMONARY FUNCTION TEST
TB SKIN TEST
COVID-19 RAPID
AUDIOGRAM (OSHA Conservation)
OSHA/PFT QUESTIONNAIRE
CHEST X-RAY (1 VIEW)
CHEST X-RAY B-READ
VISION TESTING
TDAP VACCINE
TWINRIX: 1ST 2ND 3RD

WORK RELATED INJURY CARE
Date of Injury: _____
Evaluate and Treat Compensable Body Part: _____
_____

Position: _____

LIGHT DUTY IS AVAILABLE Yes/No

SPECIAL INSTRUCTIONS/ OTHER TESTING
_____
_____
_____
_____
_____
_____

BILLING:
Employee to Pay at Time-of-Service _____
Credit Card on File _____
Employer Pay (Monthly Invoice) _____

W/C INSURANCE
Insurance Co. _____
Policy #: _____
Claim #: _____
Phone #: _____