

# Medical Authorization Form

## M2 Property Group, LLC

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

M2 Manager: \_\_\_\_\_ M2 Location: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ (To be completed by Medical Facility)

### **Urine Collection Only**

- Pre-Employment
- Random
- Post-Accident
- Reasonable Suspicion

### **Breath/Blood Alcohol**

- Post-Accident
- Reasonable Suspicion

**M2 Manager:** Please fax this completed form to AmCare at 513.831.5953 *before* the individual goes to the medical facility.

**Medical Facility:** Please send this form back with the patient to give to their supervisor.