

EMPLOYER'S AUTHORIZATION FOR TREATMENT

Company: AIM Integrated/AIM NationalLease

Employee Name: _____

Clinic Name: _____

Location: _____

Phone/Fax No. _____

Appointment Date: _____

Type of Service: DOT Physical

Reason for Service: Pre-employment

Recertification physical

Special Instructions: Physical only

Authorized by: _____

Title: _____

Date: _____

DER Bob Thibodeau - Corporate Office (x155 or cell 330-518-8715)

AIM Contact: Cathy Jones - Corporate Office (phone 800-873-5059, ext. 134)