



## MidValley Family Practice

1450 E Valley Rd Suite 102 \* Basalt, CO 81621  
(970) 927-4666 phone \* (970) 927-6623 fax

### DOT Patients

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

**DOB:** \_\_\_\_\_

I understand that during the DOT physical examination, the physician may determine that additional tests or procedures are necessary in order for him to clear me to return to work.

I further understand that:

- My DOT clearance may be withheld by the physician unless and until such tests or procedures are performed and the results reviewed by physician.
- My employer, insurance company and/or any other third party may not pay for such tests or procedures and I agree that by personally authorizing these tests I am financially responsible for them in the event that they are not paid for in full otherwise.

I have read and understand this information

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Signed (patient)

Date