

REQUEST FOR DOT PHYSICAL EXAM AUTHORIZATION

Date: _____

_____ is requesting authorization to have his DOT physical performed by a provider whom is on the national registry of certified medical examiners, (NRCME), which is required by the Department of Transportation.

I am requesting authorization to have my DOT physical performed by Dr. Robert Kalensky whose credentials are listed below.

Sign: _____

Date: _____

Provider : Dr. Robert Kalensky

NRCME #: 7011791492

NPI # : 1902985203

V.C.P. : YES

ICD 10 Code : Z02.4

**Chatham Chiropractic & Integrated Health
Services**

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