

Health Screening Payment Authorization

Bring the completed Health Screening Payment Authorization with you to your appointment at the Stanford University Occupational Health Center. Services will not be rendered without a department PTA# and sign-off from your department HRM/Manager/DFA.

Employee Name:	
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<p>Department HRM/Manager/DFA: A department PTA# is required for the above employee to obtain health screening services at the Stanford University Occupational Health Center. Please sign and date this form. Services will not be rendered without valid department PTA# to charge.</p>
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Project Task Award (PTA) #:		-		-		
Expenditure Type:						
Department Admin Name (Print):						
Email:				Phone:		
Signature:				Date:		