



Company Service Request Form

Patient Name: _____ Patient Date of Birth: _____

Employer: _____ Job Title: _____

Employer Address: _____

Patient must present Service Request Form and Photo ID at the time of service

Drug Testing

(Check All That Apply):

- ☐ Breath Alcohol
 - ☐ Federal (DOT)
 - ☐ Non-Federal
- ☐ Federal (DOT)
- ☐ Non-Federal
 - ☐ Hair Collection
 - ☐ Saliva Collection
 - ☐ Rapid Drug Screen

Reason for Test

- ☐ Random
- ☐ Pre-Employment
- ☐ Post-Accident
- ☐ Reasonable Suspicion/Cause
- ☐ Return to Duty
- ☐ Follow Up
- ☐ Observed Drug Collection Requested

Special Testing

(Check All That Apply):

- ☐ TB Consult (May Require TSpot and/or Chest X-Ray)
- ☐ Audiogram
- ☐ EKG
- ☐ Work Skills Assessment
- ☐ Respirator Fit Test (OSHA Review Required)
- ☐ OSHA Review
- ☐ PFT (Pulmonary Function Testing)
- ☐ PPD Testing
 - ☐ 1 Step
 - ☐ 2 Step
- ☐ Lift Test - Required Weight: _____ lbs.
- ☐ Vision Testing
 - ☐ Jaeger (Near)
 - ☐ Ishihara (Color)
 - ☐ Snellen (Distance)
 - ☐ Depth
 - ☐ Titmus

Examinations

(Check All That Apply):

- ☐ Pre-Employment
- ☐ DOT Physical
 - ☐ New Certification
 - ☐ Recertification
- ☐ 7D Physical
- ☐ Respirator Clearance Exam (OSHA Review, Physical, May Require PFT)
- ☐ Asbestos Physical (OSHA Review, Physical, PFT, Chest X-Ray & B-Read)
- ☐ Silica Physical (OSHA Review, Physical, PFT, Chest X-Ray, B-Read & PPD)
- ☐ Hazmat Physical (OSHA Review, Physical, PFT, & Chest X-Ray)
- ☐ Police Officer Physical
- ☐ Firefighter Physical
- ☐ Fit for Duty (Clearance After A Non-Work Related Injury/Illness)

Injury Treatment

- ☐ Treatment for Work Related Injury
 - Date of Injury: _____
 - Body Part Injured: _____

Additional Comments: _____

☐ CHECK BOX IF EMPLOYEE/PATIENT IS TO PAY FOR SERVICES RENDERED

Blood Work/Titers

- ☐ MMR
- ☐ Varicella
- ☐ Hep B
- ☐ TSpot
- ☐ Lead ZZP
- ☐ Heavy Metals

Vaccinations

- ☐ Hep A - 2 Shot Series
- ☐ Hep B - 3 Shot Series
- ☐ MMR
- ☐ Varicella
- ☐ Flu (Seasonal)
- ☐ Tdap

Authorized By: _____
(Please Print)

Date: _____

Title: _____

Phone: _____

