

REFERRAL FOR SERVICES

Purpose for testing:	Physical Type (Please Circle):		
☐ Pre-Employment	DOT Physical		
☐ Post Accident	Pre-Employment		
☐ Random			
☐ Reasonable Suspicion			
Drug Test:	Other Test (Please Circle):		
☐ Panel – 5	Audiogram Other:		
□ Panel – 9			
□ Panel – 10			
□ NIDA – DOT Drug Test	Workers Comp Care:		
Alcohol Test:	Light Duty Availabl	Available: Yes - No	
☐ BAT (Breath Alcohol Test)			
Company Name:			
Authorized by: Fa	ax #:	Today's Date:	
Employee's/Patient Name:	DOB:	SSN:	
Where to send bill:Directly to Employer at	:		
WC Insurance at:			
Claim #			