

# PRE-EMPLOYMENT PHYSICALS/DRUG SCREENS

Company Name (Employer) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Primary Secondary

Fax Number: \_\_\_\_\_  
Primary Secondary

Contact Person(s): \_\_\_\_\_

Please provide patient with a **physical form** to be completed by physician. If you do not have a standard form, the physician's typed exam will be provided. This is a head-to-toe exam and includes a Clia-waived Urine Drug Screen, vision exam, hearing exam and random drug screen.

OTHER TESTING: \_\_\_\_\_ Example: weight-lifting 20lbs/5 steps).

Do you require drug screening (Post-Accident, Pre-Employment and/or Random)? \_\_\_\_\_

- We offer a 5 or 10 panel, in-house Clia-waived urine drug screen.

Do you require a 5 or 10 Panel Drug Screen or a MRO (Chain of Custody)? \_\_\_\_\_  
If MRO, patient to bring form or will clinic be supplied? \_\_\_\_\_

Do you require a Alcohol Breath Test? \_\_\_\_\_ In-house or MRO? \_\_\_\_\_

If you have an MRO , we will need shipping information:

Shipping Company: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_ Employee: \_\_\_\_\_