ExpressMED

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

Company Service Request Form

Patient Name: _____ Patient Phone Number:_____

Employer: _____ Date of Birth:_____

Employer Address: _____

Temporary Staffing Agency: _____

Work Related

❑ Injury ❑ Illness

Date of Injury _____

Drug Testing (check all that apply)

❑ Federal drug screen ❑ Breath alcohol

❑ Collection only ❑ Hair collect

❑ Non-Federal drug screen ❑ Rapid drug screen

❑ Other _____

Reason for Drug Test

❑ Preemployment ❑ Reasonable cause

❑ Post-accident ❑ Random

❑ Follow-up

Special instructions/comments:

Physical Examinations:

❑ Preemployment ❑ Annual

❑ DOT Physical Examination

Special Examinations:

❑ Asbestos ❑ Respirator ❑ Audiogram

❑ Work Skills Assessments

❑ HAZMAT ❑ OSHA Reviews

❑ Other _____

Billing (check if applicable)

❑ Employee/Patient to pay charges

❑ Employer to pay charges

Authorized by: _____ Title: _____
Please print

Phone: _____ _____
Date