



159 N Broadway, Salem, NH 03079
603-898-0961

35 Kosciuszko Street, Manchester, NH 03101
603-627-8053

1 Highlander Way, Manchester, NH 03101
603-625-2622

(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

☐ Hair drug screen ☐ Rapid drug screen

☐ Non-Federal 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 Testing:

☐ Asbestos ☐ Respirator ☐ Audiogram

☒ Work Skills Assessment

☐ HAZMAT ☐ OSHA Reviews

☐ Other _____

Billing (check if applicable)

☐ Employee/Patient to pay charges

Authorized by: _____ Title: _____

Please print

Phone: _____

Date