



LOCATION: _____

SERVICE ORDER FORM

COMPANY: _____	DATE: _____
PATIENT'S NAME: _____	SSN: _____
SUPERVISOR'S NAME: _____	
POSITION: _____	

DRUG AND ALCOHOL SERVICES

DRUG SCREENS (TYPE)	
Instant Check/Quick Screen	
DOT FMCSA (use DL # for DS)	
DOT PHMSA	
DOT USCG	
DOT FTA FAA FRA	
NON DOT	
Hair Test COLLECTION HOUSE ACCOUNT	
Oral Test COLLECTION HOUSE ACCOUNT	
Urine Specimen Collection	
Specify Lab: _____	

PHYSICALS, X-RAYS & LAB SERVICES

PHYSICALS	
General Physical	
DOT Physical CDL	
DOT Physical USCG	
Crane Operator Physical	
Hazmat	
Return To Duty	
UKOOA/OGUK Physical (<i>Youngsville Only</i>)	
LABORATORY TEST	
COVID-19 Health Screening (RTW)	
COVID-19 - Exposure/Symptomatic	
TB Skin Test	

DISA COLLECTION

Check one: **DOT** **NON DOT**

If DOT specify agency Agency: _____

DRUG SCREEN (PURPOSE)

Pre-Employment	
Pre-Access	
Random	
Post-Accident	
Reasonable Suspicion	
Return to Duty (<i>Observed</i>)	
RTD Follow up (<i>Observed</i>)	
Other	

X-RAYS

5 View Back	
3 View Back	
2 View Chest	
1 View Chest	
Other View	Specify View: _____

ALCOHOL SCREENS

BAT (DOT)	
BAT (NON DOT)	

WORKPLACE INJURIES

Type of Incident	
Date of Incident	
Employer Billed	WC Insurance Billed

OTHER OCCUPATIONAL MEDICINE SERVICES

Lift Capacity Evaluation (<i>Youngsville, Lafayette SouthSide, St. Peters Only</i>)	
Hearing (<i>Audiogram at Youngsville, St. Peters, and Abbeville Only</i>)	
Pulmonary Function Test	
OSHA Questionnaire Only	
Respirator Fit Test: Qualitative or Quantitative	
Mask #1 _____	
Mask #2 _____	
Mask #3 _____	
EKG	
Travel Immunizations (<i>Youngsville Only</i>)	
Specify Immunization: _____	
Other:	
Other:	
Other:	