

EMPLOYER INFORMATION

COMPANY NAME:	PHONE:
CONTACT FOR AUTHORIZATION:	CELL PHONE:
ADDRESS:	EMAIL:
	FAX:
CITY:	AFTER HOURS/EMERGENCY NAME:
STATE: ZIP:	AFTER HOURS/EMERGENCY PHONE:

BILL TO: (CHECK ONE)

**INSURANCE CARRIER
EMPLOYER** (skip this section)

THIRD PARTY (skip to "Third Party" section)
EMPLOYEE SELF-PAY AT TIME OF SERVICE (skip this section)
*Please note that if employee self-pays, a release must be signed at the time of service for results to be released to employer.

NAME OF INSURANCE CARRIER:	PHONE:
ADDRESS:	FAX:
CITY:	EMAIL:
STATE: ZIP:	CONTACT NAME:

NAME OF THIRD PARTY:	PHONE:
ADDRESS:	FAX:
CITY:	EMAIL:
STATE: ZIP:	CONTACT NAME:

SERVICES REQUESTED:

PHYSICALS

(if checked please complete drug screen section)

PRE-EMPLOYMENT PHYSICAL	W/ DRUG SCREEN	W/OUT DRUG SCREEN
DOT PHYSICAL	W/ DRUG SCREEN	W/OUT DRUG SCREEN
OTHER PHYSICAL	W/ DRUG SCREEN	W/OUT DRUG SCREEN

TESTING

BLOOD ALCOHOL TESTING	BREATH ALCOHOL TESTING
IN HOUSE DRUG TEST	DOT DRUG TEST
XRAYS	LABS (explain below)
OTHER (please explain):	

DRUG SCREEN INSTRUCTIONS:

Will it be a DOT drug screen?
YES NO

If non-DOT, in-house 12 panel (instant result)?
YES NO

If non-negative, send for MRO (confirmation)?
YES NO

Chain of Custody Form provided by:
Employer UCCRH

Any Particular Lab? (Quest is our reference lab)

Drug Screen should be billed to:
Employer Ins Third Party Employee

Fax # to send results to:
Call First OR Line is Secure (send)

GENERAL INSTRUCTIONS:

When being sent to our clinic to be evaluated you will give authorization by:

Phone	Fax (912) 756-3773
Email (reception@theucconline.com)	Patient will bring authorization form

OTHER NOTES / INSTRUCTIONS: