

Employment Services Client Information

Company Name: _____

Address: _____

Main Contact: _____

Phone Number: _____

Fax Number: _____

Please mark box in which services are being requested:

Physicals: Pre-emp _____ Annual _____ DOT _____ Other _____

Drug Screening: Pre-emp _____ Suspicion _____ Random _____ Other _____
Use our supplies and lab _____ Collection Only _____

Breath Alcohol Test

TB Testing

Hepatitis B Series injections

Other: _____

Results: Faxed _____ Mailed _____ to: _____ at: _____

Other instructions:

Please provide Corporate Billing information if applicable.

Corporate Name: _____

Address: _____

Main Contact: _____

Phone Number: _____

Fax Number: _____