

**Send** the form with your employee or **fax** it to: (225) 927-0547 **DATE:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_ **DATE OF INJURY:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PO/JOB #:** \_\_\_\_\_

**SUPERVISORS NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SEND REPORTS VIA:**  FAX \_\_\_\_\_  E-MAIL \_\_\_\_\_

MAIL \_\_\_\_\_  OTHER \_\_\_\_\_

**SEND INVOICE TO:**  COMPANY  BILL EMPLOYEE  DRUG LAB  PAYMENT AT TIME OF SERVICE

**ADDRESS TO SEND INVOICE TO:** \_\_\_\_\_ **A/P PHONE:** \_\_\_\_\_

**\*\*\*\*SERVICES RENDERED ON CHECKED ITEMS ONLY\*\*\*\***

**PHYSICAL EXAMS**

- DOT Physical-**FEDERAL**
- DOT Physical-**STATE**
- Non-DOT
- Hazardous Waste
- Crane Operators
- Merchant Mariner/CG
- Other \_\_\_\_\_

**REASON FOR TEST**

- Pre-Employment
- Annual
- Random
- Post-Accident
- Reasonable Cause
- Follow- Up
- Return to Duty
- Other \_\_\_\_\_

**WORK COMP INJURY**

- Bill Above Named Company
- Bill Insurance Carrier

**Insurance Carrier Info:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Adjuster: \_\_\_\_\_  
Claim #: \_\_\_\_\_

**\*It is the responsibility of the company to call in a First Report of Injury (Form IA-1) to your workers compensation insurance carrier.**

**URINE DRUG SCREEN**

- DOT (CDL) \*
- Non-DOT
- DOT Collection Only \*
- Non-DOT Collection Only
- Quick Screen
- OBSERVATION** required for drug screen

**ORAL FLUID DRUG SCREEN**

- Non-DOT

**HAIR SAMPLE DRUG SCREEN**

- Psychomedics (House Acct)
- Omega
- Quest

**ALCOHOL TESTING**

- DOT
- Non-DOT
- Breath
- Saliva

**\*ALL DOT DRUG SCREENS**

**MUST SPECIFY TESTING**

**AGENCY**

- HHS
- NRC
- FMCSA
- FAA
- FRA
- FTA
- PHMSA
- USCG

**TEST**

- Audiogram
- Pulmonary
- Respirator Fit  
(Type of Mask) \_\_\_\_\_
- Chest X-Ray (1 view)
- Chest X-Ray (2 views)
- EKG
- Lumbar X-Ray (2 views)
- Lumbar X-Ray (3 views)
- Lumbar X-Ray (5 views)
- Eye Exam Only
- Cervical X-Ray (2 views)
- Cervical X-Ray (5 views)
- Other: \_\_\_\_\_

**INJECTIONS**

- Hepatitis B Vaccine
- Influenza Vaccine
- Tetanus Shot
- TB Skin Test
- Other: \_\_\_\_\_

**LABORATORY TEST**

- Industrial Chem
- CBC
- Lead Blood
- ZPP (Zinc)
- HIV
- Other: \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(PRINT NAME) (REQUIRED)