

**EMPLOYER REQUEST FOR EXAMINATION OR TREATMENT**

Employer: \_\_\_\_\_ DER Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**REASON FOR VISIT:**  Pre-Employment  Post Accident  Return to Duty  Random  
 Promotional / Job Change  Reasonable Cause  \_\_\_\_\_

**REQUESTED SERVICE**

**INJURY/ILLNESS** Date of Injury \_\_\_\_\_

Treat for Work Related Injury / Illness

**DRUG & ALCOHOL TESTING**

- DOT
- Non-DOT  5-pane  9-panel  10-panel
- Instant Urine Drug Screen (non-DOT ONLY)
- Breath Alcohol Testing (BAT)
- Hair Drug Test

**PHYSICAL**

- DOT
- Non-DOT
- Executive (Company)
- Other \_\_\_\_\_

**X-RAYS**

- 5 view Back
- 3 view Back
- Chest
- Other \_\_\_\_\_

**POST OFFER OF EMPLOYMENT & FIT FOR DUTY**

- Post Offer of Employment Test \_\_\_\_\_
- Carpal Tunnel Screen
- Fit for Duty Evaluation

**OTHER SERVICES**

- Spirometry – (Pulmonary Function Test)
- Audiometry Testing  Respirator Fit Questionnaire
- Respirator Fit Test
- EKG
- Immunizations \_\_\_\_\_
- Other \_\_\_\_\_

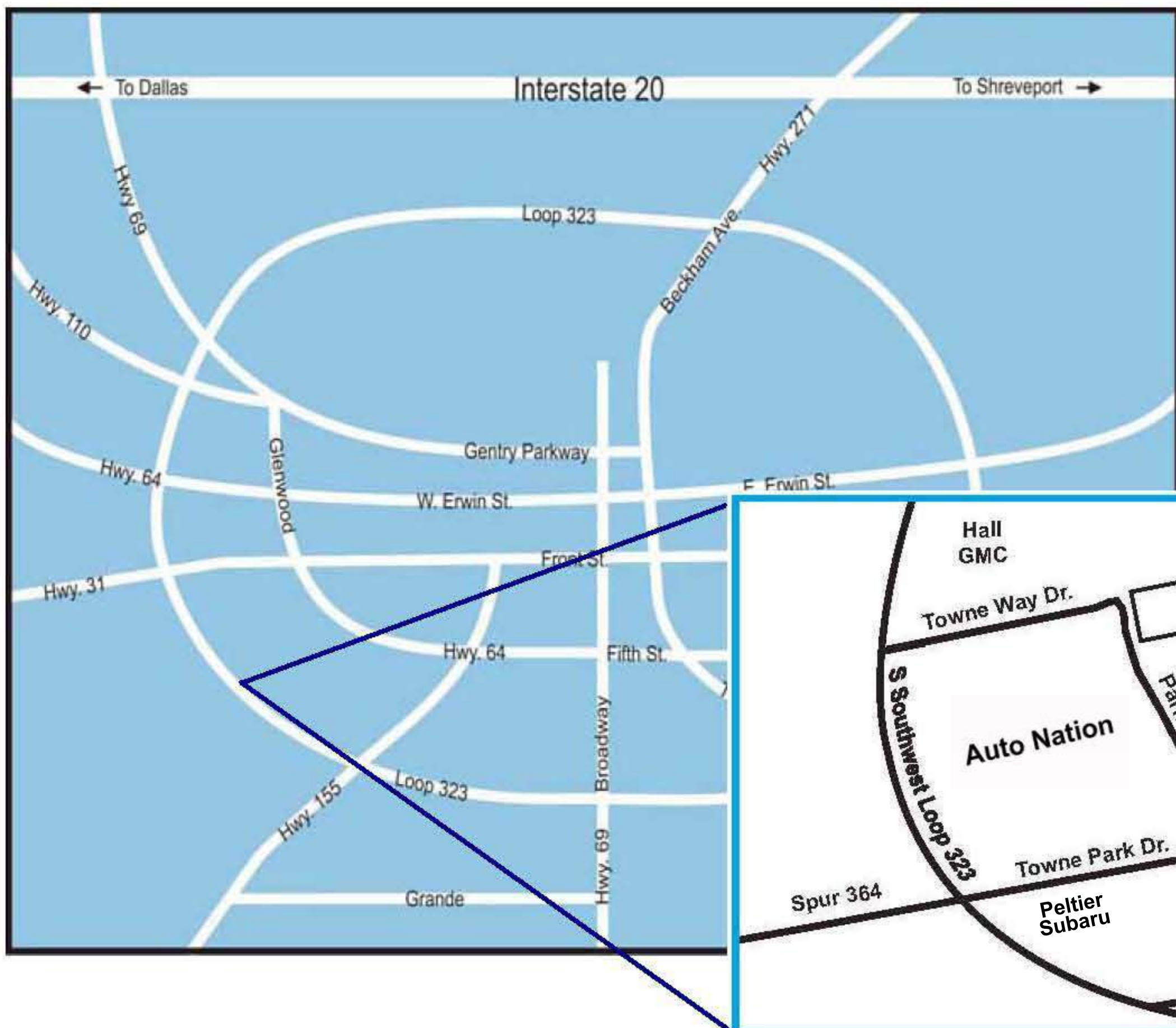
**SEND TESTING RESULTS TO:**

- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Signature \_\_\_\_\_ Print \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

*By signing I am authorizing services and hereby making a guarantee of payment for services requested on this form.*



**3110 Park Center Drive  
Tyler, TX 75701**

**Phone:  
(903) 593-9999**

**Fax:  
(903) 526-2679**