

## **AUTHORIZATION TO PROVIDE SERVICES**

AUTHORIZATION INFO	
Authorized by (signature)	SERVICES AUTHORIZED
Authorized by (print name)	DRUGS SCREENS
Authorizer's Phone Number	[ ] DOT Drug Screen
	[ ] Hair Drug Screen
Date of Authorization	[] instant 10 raner brug screen
EMPLOYERS INFO	[] Oral Saliva Drug Screen
Company Name	[] Standard 5 Panel Non-DOT Drug Screen
Company Phone	REASON
Company Fax	[ ] Pre-employment [ ] Random
	[] Post Accident [] Other
Address	
	For DOT drug screen or collection DOT agency is required
PATIENT INFO	[]FAA []FMCSA []FRA []FTA []PHMSA []USCG
Patient Name	—— PHYSICALS
Tel	[ ] Basic Pre-employment Physical
	[] DOT Physical
SS#	
Date of Birth	
[] Check box if employee to pay for services	[ ] A1c Test [ ] BAT Alcohol Test
	[] Blood Pressure
RESULTS REPORTING TO	[] Glucose Reading Test
Contact Name	[] Lift Test
[] Fax Number	[ ] Rapid Covid Test
	[] 18 1630
[] E-Mail Address	[ ] Other

Location: 4385 N Pecos Rd. Suite 140 Las Vegas NV 89115 Monday - Friday 8:00AM to 5:00PM \* Last Urine Drug Test is 2 Hours Before Closing \*