



MEDICAL SERVICES REGISTRATION FORM

REVISED 05/07

PLEASE PRINT OR TYPE

411 West Main St.
Port Lavaca, TX 77979
Phone: (361) 552-7823
Fax: (361) 552-1298

COMPANY INFORMATION

CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

AUTHORIZING SIGNATURE _____ JOB or PO # _____

EMPLOYEE INFORMATION

Date of Services _____

NAME: _____ S/S#: _____ - _____ - _____

DATE OF BIRTH: _____ PHONE NUMBER _____

SCREENING INFORMATION

___ Pre-Employment ___ Post-Accident ___ Random ___ Return to Duty
___ Reasonable Cause ___ Other (Specify) _____

___ DOT Collection Only Our Lab Your Lab (Employer Must Provide Chain of Custody Forms, Airbills & Supplies!)

___ Non DOT Collection Only

___ Lead Bloodwork

___ Non DOT / 5 Panel Rapid Test (NIDA Lab Verification when Inconclusive)

___ CBC Bloodwork

___ Non DOT / 10 Panel Rapid Test (NIDA Lab Verification when Inconclusive)

___ Benzene Bloodwork

___ DOT / QED Saliva Alcohol Screen

___ Mercury Bloodwork

___ Non DOT / QED Saliva Alcohol Screen

___ Other Bloodwork

___ DOT Breath Alcohol Screen Confirmation

Specify Type of Bloodwork

___ Non DOT Breath Alcohol Screen Confirmation

___ Pulmonary Function Test With Medical Evaluation

___ Audiometric Baseline Testing With Data Management

RESPIRATOR FIT TESTING

3M 6000 Half Face

Scott O-Ramic Full Face

North 7600 Full Face

3M 6900 Full Face

Scott O-Vista Full Face

North 7700 Half Face

3M 7800 Full Face

Scott AV-2000 Full Face

Wilson Full Face

MSA Ultra Twin Full Face

MSA Comfo-II Half Face

Other _____
SPECIFY MASK

Normal Hours are from 7:00 am until 4:00 pm, Monday through Friday.

Services are available 24 hours a day, seven days a week, for an additional charge. (See the Fee Schedule for prices)

A technician will be on call around the clock for your convenience at (877) 299-2897.