



Service Request Authorization

Date: _____ Company: _____

Employee Name: _____ Employee Social Security #: _____

Service(s) Requested	
<input type="checkbox"/> DOT Routine Drug Screen	<input type="checkbox"/> DOT - Collection Only
<input type="checkbox"/> Non-DOT Routine Drug Screen	<input type="checkbox"/> Non-DOT Collection Only
<input type="checkbox"/> Express DS	<input type="checkbox"/> Hair Sample Collection (forms provided by Employer)
<input type="checkbox"/> Breath alcohol	<input type="checkbox"/>
<input type="checkbox"/> DOT Physical	<input type="checkbox"/> Physical/Pre-Employment/Post Offer
<input type="checkbox"/> TB Test	<input type="checkbox"/> QuantiFeron Test
<input type="checkbox"/> Spirometry Test	<input type="checkbox"/> Respirator Fit Test
<input type="checkbox"/> Audio Booth	
<input type="checkbox"/> Titer (please print type)	<input type="checkbox"/> Vaccination (please print type)
<input type="checkbox"/> OTHER (please print)	

Sent and Authorized by:

Print Name Authorized Signature

Email: _____ Job Title: _____

Telephone # _____ Fax # _____ Date/Time _____

Tel: 707.646.4600

Fax: 707.646.4601

NorthBay.org/occhealth

Locations:

- Fairfield - 2470 Hilborn Rd., Suite 100 and Drug Screens - Suite 110
- Vacaville - 1679 E. Monte Vista Ave., Suite 104

(Mailing address: 4500 Business Center Dr., Fairfield, CA 94534)

**Due to the nature of our business, no children are permitted in the clinic.
Appointments will be rescheduled.**