



Occupational Medicine Service Request Authorization

Date: _____ Company: _____

Employee Name: _____ Employee Social Security #: _____

Service(s) Requested

- | | |
|---|---|
| <input type="checkbox"/> Audio Booth | <input type="checkbox"/> Breath alcohol |
| <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"/> DOT Physical | <input type="checkbox"/> Express DS |
| <input type="checkbox"/> Hair Sample Collection
(forms provided by Employer) | <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"/> 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: _____

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.**