

Employment Services Client Information

Company Name: _____

Address: _____

Main Contact: _____

Phone Number: _____

Fax Number: _____

Email: _____

Please mark box in which services are being requested:

☐ Physicals: Pre-emp _____ Annual _____ DOT _____ Other _____

☐ Drug Screening: Pre-emp _____ Reasonable Suspicion _____ Random _____

Post Accident _____ Other _____

DOT _____ Non-DOT _____

Use our supplies and lab _____ Collection Only _____

☐ Breath Alcohol Test:

☐ Other: _____

Results: Faxed _____ Mailed _____ to: _____ at: _____

Other instructions:

Please provide Corporate Billing information if applicable.

Corporate Name: _____

Address: _____

Main Contact: _____

Phone Number: _____

Fax Number: _____

Email: _____