direct REHABMED BUSINESS HEALTH
C PERRY MARSHALL, M.D.

EMPLOYER REQUEST FOR EXAMINATION OR TREATMENT

Employer: _____ DER Contact: _____

Company Address: _____ City/St/Zip: _____

Company Phone: _____ Company Fax: _____

Employee Name: _____ SS#: _____

REASON FOR VISIT: ☐ Pre-Employment ☐ Post Accident ☐ Return to Duty ☐ Random
☐ Promotional / Job Change ☐ Reasonable Cause ☐ _____

REQUESTED SERVICE

INJURY/ILLNESS **Date of Injury** _____
☐ Treat for Work Related Injury / Illness

DRUG & ALCOHOL TESTING
☐ DOT
☐ Non-DOT - ☐ 5-pane ☐ 9-panel ☐ 10-panel
☐ Non-DOT **ESCREEN**
☐ Breath Alcohol Testing (BAT)
☐ Hair Drug Test

PHYSICAL
☐ DOT
☐ Non-DOT
☐ Executive (Company)
☐ Other _____

X-RAYS
☐ 5 view Back
☐ 3 view Back
☐ Chest
☐ Other _____

POST OFFER OF EMPLOYMENT & FIT FOR DUTY
☐ Post Offer of Employment Test _____
☐ Carpal Tunnel Screen
☐ Fit for Duty Evaluation

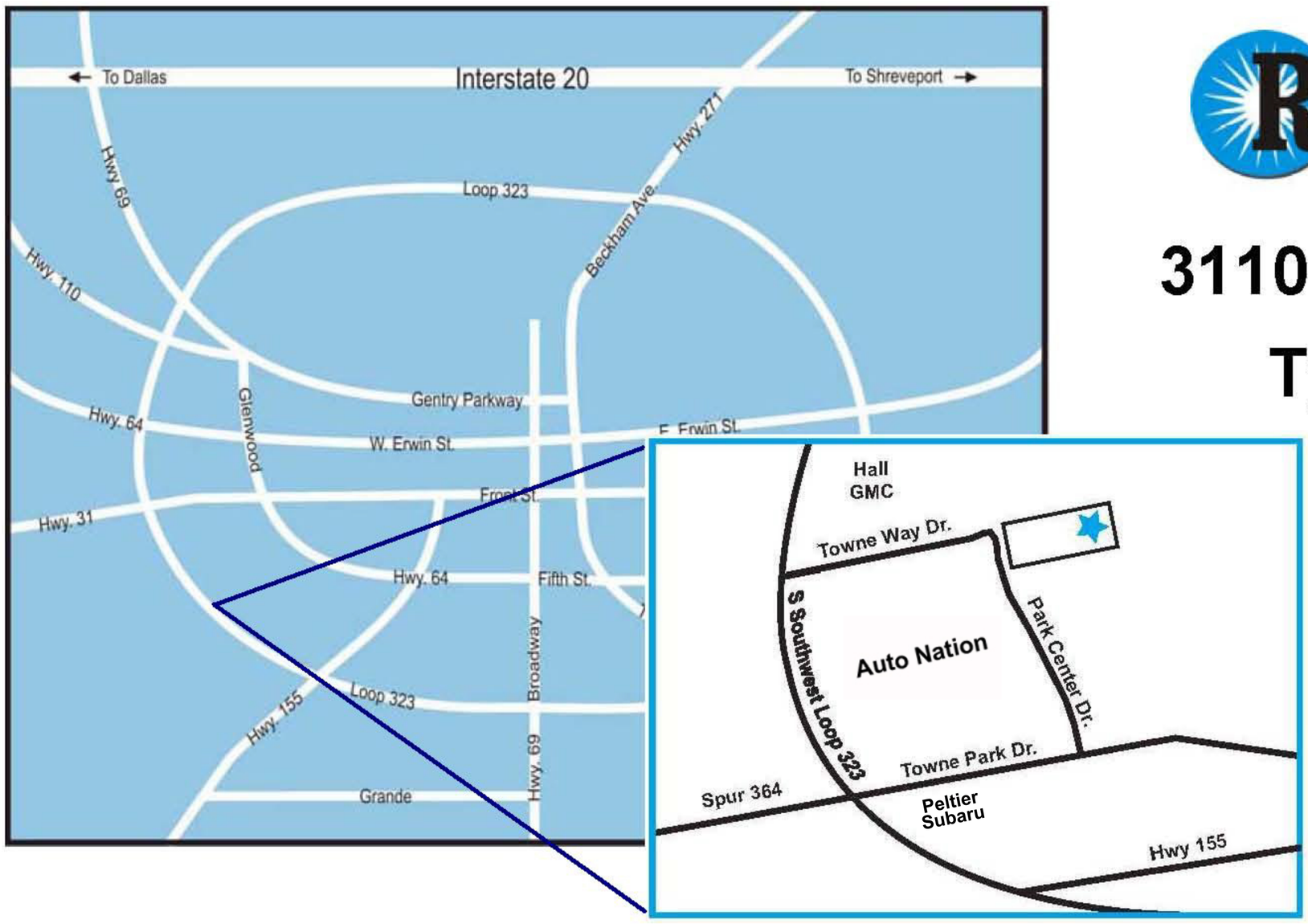
OTHER SERVICES
☐ Spirometry – (Pulmonary Function Test)
☐ Audiometry Testing ☐ OSHA compliant test (Booth)
☐ Respirator Fit Test
☐ EKG
☐ Immunizations _____
☐ Other _____

SEND TESTING RESULTS TO:
☐ **Email:** _____
☐ **Fax:** _____

Authorized By: _____ _____
Signature Print

Phone: (_____) _____ _____
Date

By signing I am authorizing services and hereby making a guarantee of payment for services requested on this form.



direct REHABMED
Better Care for Better Living

3110 Park Center Drive
Tyler, TX 75701

Phone:
(903) 593-9999

Fax:
(903) 526-2679