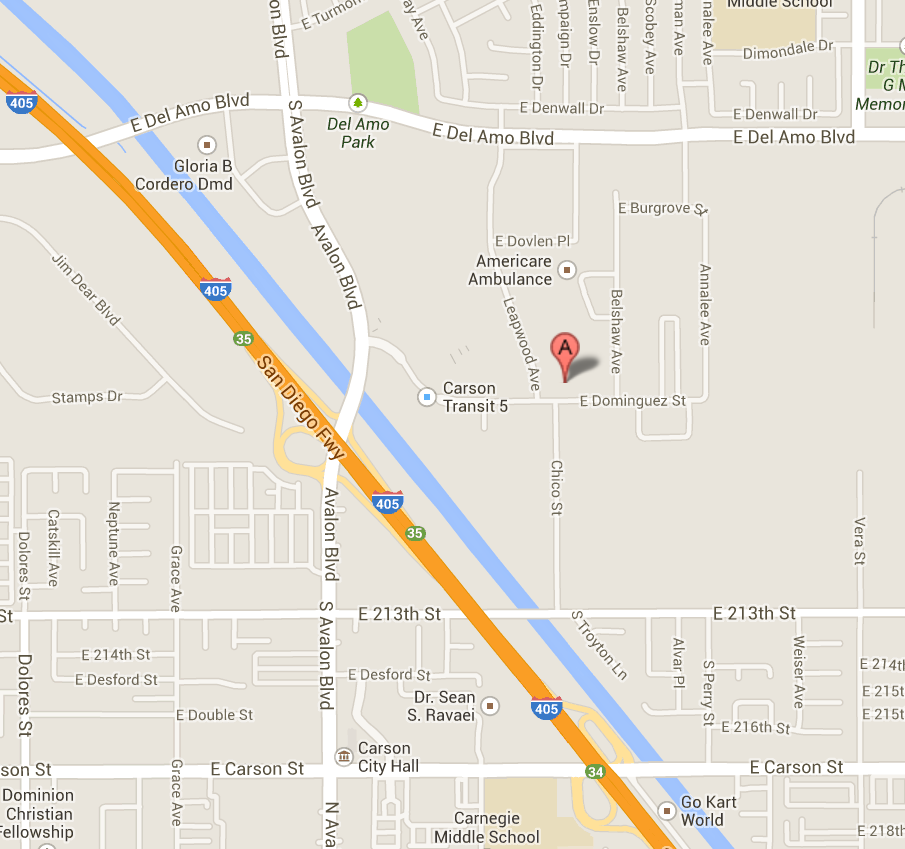
## Industrial Drug & Alcohol, Inc.

## 1007 E. Dominguez St. Suite# F, Carson, CA 90746

## Tel: (310) 327-7680 Fax: (310) 327-7685

Office Hours: Monday-Friday 9:00 am – 6:00 pm



● **405 Freeway**

Exit Avalon Blvd. Go North on Avalon and make a Right on Dominguez St. - Location is on Left side, directly after 24 Hour Fitness/IKEA, at corner of Leapwood Ave.

● **Delamo Blvd.**

Head South on Leapwood Ave. Location is on the Left side at corner of E. Dominguez St.

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## 1007 E. Dominguez St. Suite# F, Carson, CA 90746

## Tel: (310) 327-7680 Fax: (310) 327-7685

Office Hours: Monday-Friday 9:00 am – 6:00 pm

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service to be performed: | | | | | |
| □ | DOT/Federal | □ | DOT-Like | □ | Non-DOT |
| □ | Drug Test |  |  |  |  |
| □ | Alcohol Test |  |  |  |  |
| □ | Consortium Membership (Random Program) | | | | |
|  |  |  |  |  |  |
| Reason for Test: | | | | | |
| □ | Pre-employment |  |  | □ | Random |
| □ | Reasonable Suspicion/Cause | | | □ | Post Accident |
| □ | Return to Duty |  |  | □ | Follow-up |

Special instructions/requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax results to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| □ | Bill Patient |
| □ | Bill Company (Authorized by): |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |