



www.corporatecareclinic.com
420 N Main St. Middlebury IN 46540
Phone-5745372111 Fax-5745372112

Patient Name _____ Date _____

Company _____

Treatment Authorized by:

Print _____ Signature _____

☐ Patient Pay

☐ Company Pay

TREATMENT REQUEST

☐ DOT Physical

☐ Pre-Placement Physical

☐ Respirator Approval

☐ Respirator Fit Testing

☐ PFT

☐ W/C Initial

☐ W/C Follow Up

☐ Audiogram

☐ Hep B Vaccine

☐ Tetanus

☐ TB/Mantoux

DRUG AND ALCOHOL TEST

☐ OBSERVE

☐ DO NOT OBSERVE

☐ DOT Drug Test

☐ Saliva Alcohol Test

☐ Breath Alcohol Test

☐ Urine Collection Only

☐ Hair Collection Only

☐ Oral Drug Screen

☐ Rapid Drug Screening (choose panel below)

☐ 5 Panel

☐ 6 - 10 Panel

REASON FOR TEST

☐ Post-Accident

☐ Reasonable Cause

☐ Return to Duty

☐ Random

☐ Pre-Placement

**Picture ID Required
For Drug Test**

Map on Reverse Side



CORPORATE CARE
OCCUPATIONAL MEDICINE

420 N Main St
Middlebury, IN 46540 USA

