

GREAT LAKES MEDICAL SERVICES

25660 DIXIE HWY PERRYSBURG OH 43551

PH: 419-872-5343 FAX: 419-872-7465

Employer's Authorization for Examination or Treatment

(Must present photo id at time of service)

Patient Name: _____ Date: _____

Company Name: _____

Responsible Party: Company: _____ Self Pay: _____ Other: _____

PHYSICALS / EXAMS

- ◇ General Physical
- ◇ DOT Physical
 - () New Hire () Recertification
- ◇ T-8 Bus Driver Physical
- ◇ Audiogram
- ◇ PFT
- ◇ Respirator Fit Test
- ◇ Kraus Weber Back Exam
- ◇ OTHER

SUBSTANCE ABUSE TESTING

- DOT Drug Screen
- BWC DFWP 5 Panel
- Non DOT 9 Panel
- 5 Panel Non-DOT to Lab
- 10 Panel Non-DOT to Lab
- 5 Panel Rapid Screen
- Hair Collection
- Urine Collection **(Instant)**
- Breath Alcohol

TYPE OF TEST TO BE PERFORMED

- ◇ Pre Employment
- ◇ Random
- ◇ Post Accident
- ◇ Reasonable Suspicion
- ◇ Follow-up
- ◇ Return to Work

We are conveniently located in Perrysburg



As per our agreement with Great Lakes Biomedical, we agree to pay for any medical treatment provided to the above named individual for services indicated.

Authorized By: _____ Phone: _____