



1241 Freedom Road
Cranberry Twp, PA 16066
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Employer Request and Authorization

PLEASE BRING A VALID DRIVERS LICENSE OR PHOTO IDENTIFICATION FOR ALL SERVICES

Date: _____

Patient/Donor Name: _____ Date of Birth: _____

Company Name: _____ Contact Person: _____

Drug & Alcohol Testing:

- Urine Drug Screen Collection
 - Forensic Federal
- Breath Alcohol Testing
 - Non-DOT DOT
- Hair Collection
- Saliva Collection
- Rapid Urine Drug Screen Testing
 - 5 panel
 - 10 panel
 - 12 panel

Physical Examination:

- Physical
- DOT Physical
- Medical Surveillance _____
- Return to Work Evaluation
- Respirator Evaluation

Other Exams:

- EKG
- Chest X-Ray
 - 1 View
 - 2 View
- B-read Chest X-Ray
- OSHA Questionnaire Review
- PFT (Spirometry)
- Audiogram
- 50lb Lift Test
- Qualitative Respirator Fit Test
- Blood draw
- Other: _____

Reason for Testing:

- Pre-Employment
- Post- Accident
- Reasonable Suspicion
- Random
- Observed
- Other: _____

Worker's Compensation:

- New Injury
- Re-Check
- Post Accident Testing (please indicate)

Injections:

- PPD/Tuberculosis
- Flu Vaccination
- Hepatitis B Vaccination
- Tdap/Tetanus Vaccination

WC Claim Number: _____ Date of Injury: _____

If questions please contact: _____ Phone: _____

Additional Information Please Indicate:
