



Drug Screen Instructions

- Photo ID Required
- Do not urinate for 30 minutes prior to office visit

Employer Information and Authorization to Treat

Employee: _____ Date: _____ Time: _____

Employer: _____ HR/Safety Coordinator: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Worker's Compensation Insurance Information

Company Name: _____ Policy #: _____

Address: _____

Phone: _____ Fax: _____

Injury Information

Date of Injury _____ Type of Injury _____

Do you request urine drug screening? Yes. No. If yes, a 5 panel drug screen will preformed by our contracted lab and billed to your company at the non-contracted rate of \$50. Please contact us for contracted pricing and other drug screening options. All drug screening results will be reported to the contact person listed above.

Treatment Authorized by: _____
Print name Signature Date

Chandler
 2875 W Ray Rd #8
 Ph 480-899-3070
 Fax 480-821-1312
 Southeast Corner of Ray
 and 101

Gilbert
 920 E Williams Field Rd #101
 Ph 480-855-9400
 Fax 480-782-1598
 East of NE corner of Williams Field
 Rd and Lindsay Rd

Mesa
 415 N Val Vista Dr #101
 Ph 480-654-5661
 Fax 480-654-5663
 NE corner Val Vista Dr and
 University Dr

Florence
 495 N Pinal Parkway #106
 Ph 520-868-0573
 Fax 520-868-0533
 South of Sonic on Pinal Parkway

Scottsdale - Coming Spring 2010!