



**REFERRAL FORM FOR SERVICES**

**Purpose for testing:**

- Pre-Employment
- Post Accident
- Random
- Reasonable

**Physical Type (please Circle):**

- DOT Physical
- Pre-Employment

**Drug Test:**

- Panel 5
- Panel 9/10
- NIDA DOT Drug Screen
- Other: \_\_\_\_\_

**Other Tests (Please Circle):**

- Audiogram
- Other: \_\_\_\_\_

**Alcohol Test:**

- BAT (Breath Alcohol Test)

**Workers Comp Care:**

Light Duty Available: YES - NO

**Contact:** \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Employees name being treated: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

GUILFORD IMMEDIATE CARE- GAINESVILLE- 1250 JESSE JEWELL PARKWAY SE SUITE 300 GAINESVILLE, GA. 30501

GUILFORD IMMEDIATE CARE- GAINESVILLE- 1080 DAWSONVILLE HWY GAINESVILLE, GA. 30501

GUILFORD IMMEDIATE CARE- OAKWOOD- 4205 MUNDY MILL PLACE OAKWOOD, GA. 30566