



REFERRAL FORM FOR SERVICES

Purpose for testing:

- Pre-Employment
- Post-Accident
- Random
- Reasonable

Physical Type (please Circle):

- DOT Physical
- Pre-Employment Physical

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 Treatment:

- YES - NO
- Light Duty Available Yes - No

Company Name: _____ Phone: _____

Authorized by: _____ Fax: _____

Email: _____ Worker's Comp Carrier _____

Billing address for invoices:

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

GUILFORD IMMEDIATE CARE- CLEVELAND- 142 PARKWAY PLAZA CLEVELAND, GA. 30528