



**REFERRAL FORM FOR SERVICES**

**\*\*\*Please note that if you do not file through a worker's comp carrier, the authorized employer will be responsible for any payment of medical treatment received\*\*\***

**Purpose for testing:**

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

**Physical Type (please Circle):**

- DOT Physical
- Pre-Employment Physical

**Drug Test:**  Send out  Instant

- Panel 5
- Panel 9/10
- NIDA DOT Drug Screen

**Other Tests**

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

**Workers Comp Treatment**  
YES - NO

**Alcohol Test:**

- BAT (Breath Alcohol Test)

Light Duty Available Yes - No

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

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

Email: \_\_\_\_\_ Worker's Comp Carrier \_\_\_\_\_

**Billing address for invoices:**

Employees name being treated: \_\_\_\_\_ Claim #: \_\_\_\_\_

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