

# Service Request Form

We require this form so we know exactly what the employer wants, why and for whom. Please, complete it and send with the person who will be receiving our services. Make sure they have an ID. Thank you.

## Employer Information:

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

Designated Employer Representative: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Signature authorizing below services: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Information:

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

## Service(s) requested:

- Instant Drug Test - 5 panel
- Instant Drug Test - 10 panel
- Lab Drug Test - 5 panel
- DOT Drug Test: Mode: \_\_\_\_\_
- Alcohol Screening
- DOT Physical
- Other: \_\_\_\_\_

## Reason for Request:

- Pre-employment
- Random
- Follow-up
- Reasonable suspicion
- Return-to-duty

## Financial Responsibility:

Company       Employee  
 TPA: \_\_\_\_\_

## Office Hours:

M 8-12:30, 2:30-6  
Tu 8-12:30, 2:30-6  
W 8-12:30, 2:30-6  
Th 8-12:30, 2:30-6  
F 8-12:00  
Sa CLOSED  
Su CLOSED

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