

Prime Medical Testing Inc.

Authorization for Employment Screening

3400 Olsen Blvd
Amarillo, TX 79109

(806) 359-7600
Fax (806) 359-7237

Date:		Time:		You have ____ hour(s) from the listed date and time to arrive and present yourself to the collection site.	
Company:				Applicant (or) Employee Name:	
Authorized By:				Social Security Number:	
Phone:		Fax:		Collection Site: Prime Medical Testing Inc. 3400 Olsen Blvd Amarillo, TX 79109 (806) 359-7600	
E-mail:					
Reason for Test:			Services Requested:		
<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Return To Duty <input type="checkbox"/> Follow-Up <input type="checkbox"/> Other ____			<input type="checkbox"/> DOT Drug Screen <input type="checkbox"/> Non-DOT Drug Screen(10-Panel Lab Based Testing) <input type="checkbox"/> Non-DOT Drug Screen(5-Panel Lab Based Testing) <input type="checkbox"/> DOT Breath Alcohol Test <input type="checkbox"/> Non-DOT Breath Alcohol Test <input type="checkbox"/> Hair Drug Test <input type="checkbox"/> Rapid Drug Screen (5-Panel Screened by Prime) <input type="checkbox"/> Rapid Drug Screen (10-Panel Screened by Prime) <input type="checkbox"/> DOT Physical (Call for Appt.) <input type="checkbox"/> Employment Physical (by MD, PA, or FNP) <input type="checkbox"/> Other: ____		
Billing (Check if Applicable)					
<input type="checkbox"/> Employee to pay Charges					
Special Services:		Blood Tests:		Titers:	
<input type="checkbox"/> Urine (10-Panel + Alcohol) <input type="checkbox"/> Urine (10-Panel + Extended Opiates) <input type="checkbox"/> Hair (5-Panel + Extended Opiates) <input type="checkbox"/> Background Check (Criminal) <input type="checkbox"/> DOT Past Employment Verification (Drug and Alcohol)		<input type="checkbox"/> Cholesterol Screen <input type="checkbox"/> Liver Panel <input type="checkbox"/> Comprehensive Metabolic Panel <input type="checkbox"/> CBC		<input type="checkbox"/> Mumps <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Zoster (Chicken Pox) <input type="checkbox"/> Hepatitis B	
<u>Information and Guidelines</u>					
<ol style="list-style-type: none"> 1. You must have legal photo identification, Social Security Number, and this Authorization form in order to begin the testing process. 2. No appointment is necessary unless you are required to have a Physical. 3. Please remember all Physicals must be scheduled in advance. 4. If this is a urine test, drinking fluids is recommended, but do not drink more than 24 oz. of fluids within the one hour period before your test. 5. Personnel at Prime Medical Testing do not receive results. Results are sent directly to your company. 6. Prime Medical Testing's hours of operation are Mon - Fri 8:30 am to 5:30 pm 7. You must have your authorization form or you will not be allowed to test. 					
For additional forms and information visit our website at www.primemedicaltesting.com					