



3100 Windsor Ct. • Elkhart, IN 46514
 Ph: 574-266-6555 • Fax: 574-266-6888

410 N. Main St. • Middlebury, IN 46540
 Ph: 574-825-3400 • Fax: 574-825-3424

Date _____

Company _____

Employee / Applicant _____

D. O. B. _____ S. S. # _____

Patient Pay

Company Pay

VERIFICATION FOR TREATMENT

Drug Test

DOT Physical

Audiogram

Breath Alcohol

W/C Initial Injury

Pre-Placement Physical

Saliva Alcohol

NIDA Drug Test

Other _____

REASON FOR TEST

Pre-Placement

Post-Accident

Random

Reasonable Cause

Special Instructions: _____

Company Authorized Signature: _____

**Picture ID Required
 For Drug Test**

Map on Reverse Side