



# 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 bring a photo ID. Thank you.

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

Designated employer representative: \_\_\_\_\_

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

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

Employee Information:

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Test Required:

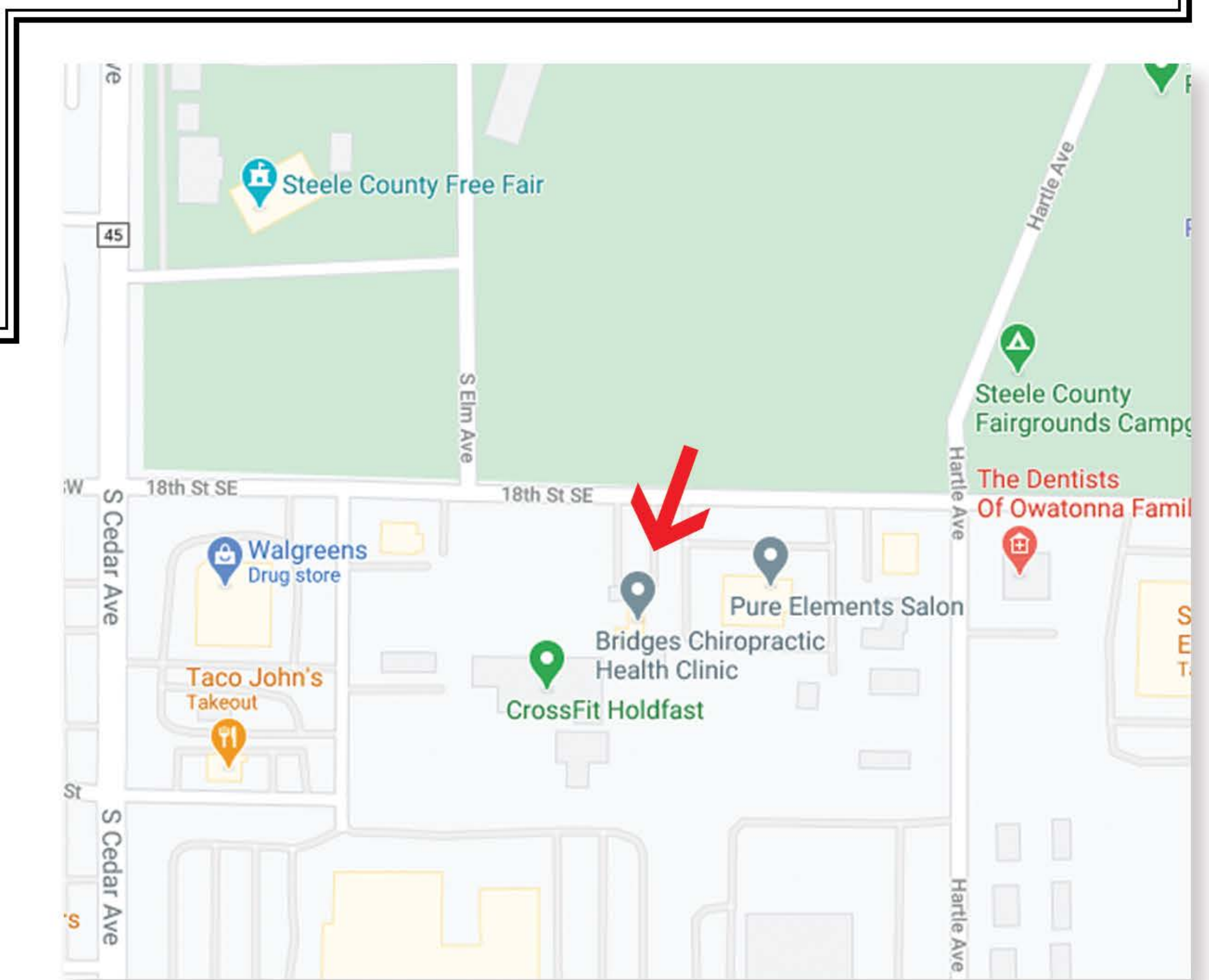
- DOT Physical
- DOT Drug Test: Mode: Urine / Salivary
- Employee Drug Test - 5 panel urine
- Alcohol Screening Breath Test
- Instant Drug Test - 5 panel
- Instant Drug Test - 10 panel
- Other: \_\_\_\_\_

Reason for Testing:

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

Financial Responsibility:

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



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Office Hours:

- M 8-5PM
- Tu 8-3PM
- W 8-5PM
- Th 8-5PM
- F 8-3PM
- Sa CLOSED
- Su CLOSED