



North Georgia Urgent Care

www.mynguc.com

REFERRAL FOR SERVICES

Purpose for testing:

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

Physical Type (Please Circle):

- DOT Physical
- Pre-Employment

Drug Test:

- Panel – 5
- Panel – 9
- Panel – 10
- NIDA – DOT Drug Test

Other Test (Please Circle):

- Audiogram
- Other: _____

Alcohol Test:

- BAT (Breath Alcohol Test)

Workers Comp Care:

Light Duty Available : Yes - No

Company Name: _____ Phone# _____

Authorized by: _____ Fax #: _____ Today's Date: _____

Employee's/Patient Name: _____ DOB: _____ SSN: _____

Where to send bill: _____ Directly to Employer at: _____

_____ WC Insurance at: _____

Claim #: _____