

# Treatment Form



## EMPLOYER & EMPLOYEE INFORMATION

EMPLOYER:

EMPLOYEE / APPLICANT:

AUTHORIZED BY:

EXPIRATION DATE:

## SERVICES REQUIRED:

### BREATH ALCOHOL TYPE

Non-Federal (Non-DOT)

### BREATH ALCOHOL REASON FOR TEST

Post-Accident   
 Reasonable Suspicion / For Cause

### EXAMINATIONS & TESTING

Pre-Employment Physical   
 Pre-Employment DOT Physical   
 Re-Certification DOT Physical

### DRUG TESTING TYPE

5 Panel Rapid (With **BLANK LabCorp** Non-DOT Chain of Custody)

### DRUG TESTING REASON FOR TEST

Pre-Employment   
 Post-Accident   
 Reasonable Suspicion / For Cause

### WORK INJURY TREATMENT

Work Injury Treatment

## RESULTS

ConvenientMD Staff: Please verify account protocol on the Occupational Health Directory

Date of Service:

Patient ID:

Clinic Location:

Pending/ CCF Sent out  Pass/ Negative  \_\_\_\_\_ (Initials)  
 5 Panel Rapid Drug Screen  
 When results are negative attach DocuTAP Printout\*  
 If sent out for further testing, attach COC EMPLOYER COPY \*

**STOP** If requested and not completed, select reason below:  
 Outside of hours  Unable to provide sample  Other \_\_\_\_\_

Pass  Fail  \_\_\_\_\_ (Initials)  
 Non-DOT Breath Alcohol  
 Attach Employer Copy of ATF Form\*

**STOP** If requested and not completed, specify reason below:  
 Other \_\_\_\_\_

Pending  Pass  Fail  \_\_\_\_\_ (Initials)  
 Pre-Employment Physical  
 Pre-Employment DOT Physical  
 Re-Certification DOT Physical  
 Attach DOT Medical Card\*

Comments