

Date(s) of Service: \_\_\_\_\_

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

Location(s): \_\_\_\_\_

Requested Time(s): \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tests Needed:**

<u>Test:</u>	<u>Type:</u>	<u># of Tests:</u>
<input type="checkbox"/> Drug Screens	Panel _____	_____
<input type="checkbox"/> Breath Alcohol	_____	_____
<input type="checkbox"/> Physicals	_____	_____
<input type="checkbox"/> Audio	_____	_____
<input type="checkbox"/> Pulmonary	_____	_____
<input type="checkbox"/> Fit Tests	_____	_____
<input type="checkbox"/> Flu Shots	_____	_____
<input type="checkbox"/> Other	_____	_____

**Accommodations Needed:**

- Tests will be performed using our facilities.
- Prime will provide mobile medical unit(s).

**How would you like to receive your Prime On-Site results?**

- Individual
- Collated Binder

***Below Line For Office Use Only***

Technician(s) Needed: \_\_\_\_\_

Notes: \_\_\_\_\_

*\* If you do not receive a confirmation by phone within 24 hours, please call Prime On-Site to confirm 225-749-5750 ext.406*