



**The Center of
INDUSTRIAL
Rehabilitation Services**

2120 E. Hwy. Bus. 83, Ste. A

Mission, Texas 78572

Ph: (956) 618-2400

Fax: (956) 994-0590

Company Name: _____ Date: _____

Employee Name: _____

Job Title/Description: _____

REASON FOR VISIT

- Pre-Employment
- Random
- Reasonable Suspicion
- Annual
- Bi-Annual
- Post Accident
- Return to Duty
- Other _____

MEDICAL EXAMS

- Physical Exam (DOT)
- Physical Exam (Non-DOT)
- Pre-Placement Functional Exam
- Audiometry(OSHA)
- Pulmonary Function Test
- Chest X-Ray view(s)
- Lumbar X-Ray view(s)
- EKG
- Blood Test(s)
- Vaccines
- Other _____

DRUG & ALCOHOL

- DOT Drug Test
- DOT Breath Alcohol Test
- Non-DOT Drug Test
- Non-DOT Breath Alcohol Test
- 10 Panel w/urine Alcohol
- 5 Panel Rapid Drug Test
- 10 Panel Rapid Drug Test
- Hair Test
- Hair Collection
- DOT Urine Collection
- Non-DOT Urine Collection
- Other _____

WORK INJURY

Call clinic at:

Ph: (956) 618-2400

Fax:(956) 994-0590

Authorized By: _____

Print Name:

Signature