

Authorization for Examination or Treatment

Calallen Drug Testing

13310 Leopard Ste. 6, Corpus Christi, TX 78410

Phone (361)241-2722 fax (361)242-2056

www.CalallenMed.com, Frank.Pena3@CalallenMed.com

Patient/Employer Information

Patient Name	() M () F	D.O.B	Social Security# XXX-XX-
Employer Name <i>All Star I+E LLC</i>	DEP: <i>William Stolte</i> <i>Kenneth Stolte</i> <i>Mandie Burnett</i>		Office# Cell# Fax# <i>281-298-5757</i> <i>allstar@allstarie.com</i> <i>281-298-6232</i>
Employer Address <i>523 E Oak Hill Dr</i> <i>Spring TX 77386</i>		Person Requesting Services	
Job Number		PO #	
SERVICES REQUIRED (Please check all that apply)			

SUBSTANCE ABUSE TESTING		DOT (DEPARTMENT OF TRANSPORTATION)	
Blood Alcohol	<input checked="" type="checkbox"/>	Non DOT Drug Screen	Breath Alcohol (BAT)
Breath Alcohol Dot		Pre-employment	DOT Collection Only
Breath Alcohol Non- Dot Collection Only		Random	DOT Drug Screen
Disa Drug Screen		5 Panel Rapid Drug Test	
DOT Drug Screen	<input checked="" type="checkbox"/>	9 Panel Rapid Drug Test	
Follow Up		10 Panel Rapid Drug Test	
Hair Follicle		Urine Alcohol	
HASAP			
Other			

REASON FOR TEST		REASON FOR TEST	
Pre-Acess		Pre-Acess	
Pre-Employment		Pre-Employment	
Post Accident		Post Accident	
Random		Random	
Other:		Other	

AUTHORIZATION (Authorized By:)

Print Name:		Date:	
Signature:		Time:	