



## Client Services

**DRUG SCREENING** Bill DS to:                      Client                      DS Lab                      TPA

Type/Panel	Pre-employment	Post-Accident	Reasonable Cause	Random	MRO	Price quoted
DOT/5					Required	\$
NON-DOT Panel:					Y    N    +only	\$
RAPID Panel:					N    +only	\$
Notes:						

<b>Lab Name:</b>	CRL
Address:	City/State/Zip:
Phone:	Fax:                      Lab Contact Name:

<b>MRO Name:</b>	John Braddock,MD/COMPI
Address:	City/State/Zip:
Phone:	Fax:                      Email:
Additional Info:	

<b>TPA Name:</b>	Wolfgang & Associates
Address:	City/State/Zip:
Phone:	Fax:                      Contact Name:

### OTHER SERVICES

MA Only Services:	Specifics:	Additional Authorizations:	Notes:	Price Quoted
Audiogram:				\$
PPD/Tuberculosis	1 step    2 step	CXR Authorized for +		\$
Lab Tests	Test(s):		Lab Name:	\$
Immunizations				\$
Other:				\$

**Notes:**

Provider Services:	Physical Exam	Audio	Lift Test	Labs	X-ray	Other	Total Price Quoted
DOT Exam	\$	\$	\$	\$	\$	\$	\$
Pre-placement	\$	\$	\$	\$	\$	\$	\$
Respirator Cert. Q review first	\$	\$	\$	\$	\$	\$	\$
Physical Exam Type:	\$	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$	\$

**Notes:**

\*Physical includes Vision, Whisper and UA Dip

**Notes:**