

Must process patient the same day as date on this form. If date is different must verify with company first.

AHS WALK IN CLINIC, INC.

ACADIAN HEALTH SERVICES
6011 Ambassador Caffery Parkway
Youngsville, LA 70592

Phone: 337-234-9925

Fax: 337-237-5211

SERVICE ORDER FORM

COMPANY: _____	DATE: _____
PATIENT'S NAME: _____	SSN: _____
SUPERVISOR'S NAME: _____	PO#: _____
POSITION: _____	

SERVICES

DRUG SCREENS (TYPE)	
Instant Check/Quick Screen	
DOT FMCSA	
DOT PHMSA	
DOT USCG	
DOT FTA FAA FRA	
Hair Test	
NON DOT	
Confirmations (Positives Only, valid for quick screen only)	
Specimen Collection Only Lab: _____	
DISA Collection (DOT or NonDot circle one) (FMCSA or PHMSA circle one)	
Please check if needed- OBSERVE COLLECTION	
DRUG SCREEN (PURPOSE)	
Pre-Employment	
Pre-Access	
Random	
Post-Accident	
Reasonable Suspicion	
Return to Duty	
Follow up	
ALCOHOL SCREENS	
BAT (DOT)	
BAT (NON DOT)	

SERVICES

PHYSICALS	
General Physical	
DOT Physical CDL	
DOT Physical USCG	
Crane Operator Physical	
Executive (Company)	
Return To Duty	
X-Rays	
5 Back	
3 Back	
Chest (1 View)	
Lift Capacity Evaluation	
Hearing (FULL) (OSHA)	
Pulmonary Function Test	
Respirator Fit Test	
EKG	
U/A	
Immunizations	
Other	
Other	
Other	
Other	

I, _____ hereby give my consent for this drug screen collection site
to perform the collection of my urine sample. Results shall be reported to the appropriate
authorities of _____.

Donor's Signature: _____
Collector's Signature: _____