Beyond Wellness Chiropractic Center

5035 W W.T. Harris Blvd, Suite A
Charlotte, NC 28269
Phone: 704-461-1836
Fax: 704-246-5156
beyondwellnesscc.com

Employer service requisition

Select services, sign and give to your driver with any employer-provided test order.

Company / billing information

Company name

Account / PO number (if applicable)

Billing address (street, city, state, ZIP)

Employer contact for testing questions

Phone

Billing email

Driver / employee

Full name

Date of birth (MM/DD/YYYY)

Services requested - check all that apply

- [ ] DOT physical examination
- [ ] DOT urine drug test
- [ ] Non-DOT urine drug test
- [ ] DOT breath alcohol test
- [ ] Non-DOT breath alcohol test
- [ ] Onsite A1C test*
  *If clinically appropriate.

Reason for drug / alcohol testing

- [ ] Pre-employment
- [ ] Random
- [ ] Post-accident
- [ ] Reasonable suspicion / cause
- [ ] Return-to-duty
- [ ] Follow-up

Special instructions / other test reason / lab order or panel reference

Employer authorization

I authorize the services checked above for the employee named on this form and authorize billing to the company listed above.

Authorized by (printed name and title)

Date (MM/DD/YYYY)

Employer signature