SouthStar URGENT CARE™

SS Location: _____

SERVICE ORDER FORM

COMPANY: _____ **DATE:** _____

PATIENT'S NAME: _____ **SSN:** XXX-XX-_____

SUPERVISOR'S NAME: _____ **PO#:** _____

POSITION: _____

SERVICES

DRUG SCREENS (TYPE)	
Instant Check	
Confirmation Send Off: For Positive Quick Test	
DOT **FMCSA** **CRL Lab House Account**	
DOT **PHMSA** **CRL Lab House Account**	
DOT **USCG** **CRL Lab House Account**	
DOT **FTA FAA FRA** **CRL Lab House Account**	
Hair Test **Collection or House Account** circle one	
Oral Test **Collection or House Account** circle one	
NON DOT **CRL Lab House Account**	
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	
Return to Work ____ Other:	
ALCOHOL SCREENS	
BAT (DOT)	
BAT (NON DOT)	
LABCORP SEND-OFF LABS:	
Labs:	
Labs:	

SERVICES

PHYSICALS	
General Physical	
DOT Physical **CDL**	
DOT Physical **USCG**	
Crane Operator Physical	
Physical with Rapid COVID-19 testing Molecular	
Physical with Rapid COVID-19 testing Antigen	
Physical with LabCorp PCR COVID-19 testing	
COVID-19 Exposure/Symptomatic	
Return To Duty/Work Reason:	
UKOOA Physical	
X-Rays	
5-View Back	
3-View Back	
Chest (2 View)	
Chest (1 View)	
Lift Capacity Evaluation	
OSHA Audio	
Pulmonary Function Test	
Respiratory Fit Test Qualitative or Quantitative	
Mask: Mask:	
Mask: Mask:	
EKG	
U/A	
TB Skin Test	
Immunizations	
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: _____