



Collier Medical Services

1661 State Route 522 Unit 2 • Wheelersburg OH 45694

P: 740-574-8728 • F: 740-574-8918

www.colliermedical.com

New Client Contact Information

Company: _____

Company Contact Information			
Primary Contact:		Phone Number:	
Address:		Fax Number:	
City:	State:	Zip:	Email:

Bill To Information			
Attention:		Phone Number:	
Address:		Fax Number:	
City:	State:	Zip:	Email:

Purchase Order Number:	
Additional Information/Testing Requested:	

Authorized Representative Signature: _____

Date: _____

Please fax or email to Collier Medical Services, Inc. prior to receiving services.

Fax to 740-574-8918 or email to jfindlay@colliermedical.com;
mkilpatrick@colliermedical.com

URINE DRUG AND ALCOHOL SCREENINGS

COMPANY NAME: _____

NAME OF EMPLOYEE: _____

____ DOT ____ NON DOT ____ INSTANT

REASON FOR TEST:

____ Pre-employment ____ Random ____ Reasonable Suspicion/Cause

____ Post Accident ____ Return to Duty ____ Follow-up

____ Other

____ DOT BAT ____ NON BAT

____ Pre-employment ____ Random ____ Reasonable Suspicion/Cause

____ Post Accident ____ Return to Duty ____ Follow-up

____ Other

DER NAME: _____

DER PHONE NUMBER: _____

*Please fill out and fax to 740-574-8918 or email to employee before
arriving at our facility. Thank You!