



Client Request for Services - Broussard

Client Information			
Company Name			Date
Company Billing Address			
City		State	Zip Code
Employee Name	Job Title	Employee Last 4 SSN/ID#	
Testing Authorized By		Phone Number	
Send Results To		Email Address	
Project Number:		Phase Number:	

Testing Location				
<input type="checkbox"/> BROUSSARD	1028 Forum Drive, Broussard, LA 70518	PH: 337-704-0981	Fax: 337-704-0982	xmdcorporateclinic@xstrememd.com

Physical Exam Requested		
<input type="checkbox"/> Annual / Periodic	<input type="checkbox"/> DOT / CDL Physical	<input type="checkbox"/> Non-DOT Physical
<input type="checkbox"/> Pre-Employment Standard Non-Dot Physical	<input type="checkbox"/> Fit for Duty <small>Medical records from treating facility/physician required prior to exam</small>	<input type="checkbox"/> Company Specific Physical <small>Company specifications / guidelines required 48 hours in advance for review prior to testing</small>
<input type="checkbox"/> OGUK Physical	<input type="checkbox"/> USCG Physical	<input type="checkbox"/> Other: _____

Occupational Testing Procedures Required	
<input type="checkbox"/> Audiometry <input type="checkbox"/> Initial <input type="checkbox"/> Retest <input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Respirator Fit Testing w/OSHA Resp. Questionnaire
<input type="checkbox"/> Blood Work Specify: _____	<input type="checkbox"/> Mask Type: _____
<input type="checkbox"/> EKG w. Interpretation	<input type="checkbox"/> Fitness Assessment
<input type="checkbox"/> Urinalysis / UA Dip	<input type="checkbox"/> Respirator Medical Clearance
<input type="checkbox"/> L-Spine X-Ray <input type="checkbox"/> 3 View <input type="checkbox"/> 2 View	<input type="checkbox"/> Pulmonary Function Test
	<input type="checkbox"/> Pulmonary Function Test w/OSHA Resp. Questionnaire

Urine Drug and Alcohol Collection: **Applicant Must Bring Valid Photo ID**

Reason for Testing			
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Cause	<input type="checkbox"/> Post Accident
<input type="checkbox"/> Site Access / Pre-Access	<input type="checkbox"/> Other: _____		
Drug Collection		Alcohol Collection	
<input type="checkbox"/> Non-DOT UDS		<input type="checkbox"/> DOT Saliva (QED) Swab	
<input type="checkbox"/> Hair Follicle		<input type="checkbox"/> Non-DOT Saliva (QED) Swab	
<input type="checkbox"/> DOT UDS	<input type="checkbox"/> PHMSA <input type="checkbox"/> USCG <input type="checkbox"/> FMCSA	<input type="checkbox"/> DOT BAT	
<input type="checkbox"/> Rapid Urine Dip	<input type="checkbox"/> 10 Panel	<input type="checkbox"/> Non-DOT BAT	
<input type="checkbox"/> Customer Supplied Chain of Custody		<input type="checkbox"/> Third Party Administrator	
<input type="checkbox"/> Use XMD Generic Chain of Custody (\$75.00)			
<input type="checkbox"/> 5 Panel UDS	<input type="checkbox"/> 9 Panel UDS	<input type="checkbox"/> 10 Panel UDS	
<input type="checkbox"/> Direct Observation			
<input type="checkbox"/> Synthetic Drug Testing (Generic XMD CCF Codes)	<input type="checkbox"/> Synthetic Marijuana (30380N)	<input type="checkbox"/> Synthetic Stimulants (280N)	

COVID-19 Testing	
<input type="checkbox"/> PCR	<input type="checkbox"/> Antigen