



# Client Request for Services – Land Clinics

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

Testing Location					
<input type="checkbox"/> CARLSBAD	4103 Tidwell Carlsbad, NM 79770	PH: 575-205-0320	Fax: 575-205-0321	carlsbadmmu@xstrememd.com	
<input type="checkbox"/> JOHNSONS CORNER	1087 HWY 73, Watford City, ND 58654	PH: 701-286-1548	Fax: 701-248-1549	jcmu@xstrememd.com	
<input type="checkbox"/> KENEDY	8730 HWY 181 Unit G, Kenedy, TX 78119	PH: 337-704-0930	Fax: 337-704-0929	kenedymmu@xstrememd.com	
<input type="checkbox"/> LINDSAY	405 Industrial Park, Lindsay, OK 73052	PH: 405-764-0035	Fax: 405-764-0036	lindsaymmu@xstrememd.com	
<input type="checkbox"/> MIDLAND	2600 FM 307, Midland, TX 79706	PH: 337-205-8165	Fax: 337-205-8166	midlandmmu@xstrememd.com	
<input type="checkbox"/> ORLA	4283 HWY 285 N., Orla, TX 79770	PH: 337-205-9314	Fax: 337-205-9315	orlammu@xstrememd.com	

Physical Exam Requested		
<input type="checkbox"/> DOT / CDL Physical <i>Midland ONLY with medical card</i>	<input type="checkbox"/> Non-DOT Physical <i>Midland ONLY with DOT medical card</i>	<input type="checkbox"/> Pre-Employment Standard Non-Dot Physical
<input type="checkbox"/> Fit for Duty <i>Medical records from treating facility/physician required prior to exam</i>	<input type="checkbox"/> Company Specific Physical <i>Company specifications / guidelines required 48 hours in advance for review prior to testing</i>	

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 w/OSHA Resp. Questionnaire
	<input type="checkbox"/> Other _____

Urine Drug and Alcohol Collection: <i>Applicant Must Bring Valid Photo ID</i>	
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"/> Return to Duty <input type="checkbox"/> Follow-up	
<input type="checkbox"/> Site Access / Pre-Access <input type="checkbox"/> Other: _____	
<b>Drug Collection</b>	<b>Alcohol Collection</b>
<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"/> 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"/> 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	

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