



totalcare

101 south Prairie Street.
Dayton, Texas 77535
1833MYTOTAL

Requisition Form

Company Name: _____ Today's Date: _____

Contact Name: _____ Position _____

Billing Address: _____

P.O. Number Required: Yes No

Phone Number: _____ Fax Number: _____

Cell Number: _____ Email: _____

Bill Worker's Comp? Yes No

Worker's Comp Insurance Company: _____

Insurance Address: _____

Insurance Phone: _____ Policy Number: _____

Services Requested:

	Injury Evaluation		Other: _____
	Blood Alcohol Test (non-DOT)		Lumbar X-ray 1-2 Views
	Blood Alcohol Test (DOT)		DOT Physical
	Audiometric Testing (Meets OSHA 29 CFR)		Physical (Non-DOT)
	Chest X-ray 1 view		Return to Work Physical
	Chest X-ray 2 view		Pulmonary/Spirometry Function Test
	Drug Screen (DOT Collection)		Respirator Fit Test
	Drug Screen with MRO services		Prescription Fee
	Drug Screen- Quick 10 panel		TB Skin Test
	Hepatitis A Vaccine (Adult)		Tdap Injection
	Hepatitis B Vaccine (Adult)		Asbestosis Screening

Please send form with employee or fax to 936-257-5117.