



Affinity Industrial Medicine

AIM SERVICE REQUEST

IMPORTANT: PLEASE COMPLETE THIS FORM AND FAX TO (318) 812-7563.

Employee Name: \_\_\_\_\_

Employee SS/ID No: \_\_\_\_\_ DOB: \_\_\_\_\_

Method of Payment:  Company Pays  Employee Pays  Third Party Administrator Pays

Employer: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Table with 3 columns: Drug Screen Testing, Breath Alcohol Tests, Physicals. Includes checkboxes for DOT, NON-DOT, and various testing/treatment options like Pre-Employment, Random, Post-Accident, etc.

- Reporting Results:
 Give all paperwork to Employee
 Give DOT Card/Instant Screen Results Card Only
 Mail all paperwork to the Employer
 Fax & Mail all Paperwork to the Employer
 Fax all paperwork only
 Special Instructions: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_