**Primary Care Clinics of Georgia**

**David L. Hocker, MD, MRO**

**1990 Limestone Circle, Suite 100**

**Gainesville, GA 30501**

**Phone (770)536-1004 Fax (770)536-0905**

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of** **Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the type of testing requested:**

**Drug/alcohol Screen\_\_\_\_\_\_\_Physical Exam\_\_\_\_\_\_\_\_\_Treatment of Injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drug Screens Physicals**

Panel 6 \_\_\_\_\_\_\_ Non Dot\_\_\_\_\_\_\_\_\_\_

Panel 9 **\_\_\_\_\_\_\_** Dot\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instant\_\_\_\_ Panel 9 \_\_\_\_\_\_\_ Panel 6\_\_\_\_\_\_\_ Hazmat\_\_\_\_\_\_\_\_\_\_\_

Hair **\_\_\_\_\_\_\_\_\_** Fit for Duty\_\_\_\_\_\_\_\_

Dot\_\_\_\_\_\_\_\_\_

Split Specimen Yes\_\_\_\_ No\_\_\_\_

**Other Testing**

**Audiogram\_\_\_\_\_\_\_\_\_ Lift Test\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PFT\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vision\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PPD\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breath Alcohol\_\_\_\_\_\_\_\_**

**Other testing not listed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number of representative authorizing services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Hours:**

**Drug screens 8am-4:00pm Monday-Friday**

**Physicals or treatment of injury: 8am -4:30pm Monday-Friday**