

PORTNEUF WORK MED Service Request Form

EMPLOYER INFORMATION: Date: _____ Time: _____:

Employee Name _____

Company Name _____

Company Address _____

Company Contact Person: _____ Phone: _____

PLEASE CHECK SERVICES REQUESTED:

Drug Screens

Non-DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion

DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion
- Physical

Breath Alcohol

Non-DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion

DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion

Physical/Components

DOT / Non-DOT

- DOT Physical
- Non-DOT Physical
- PFT
- Audiogram
- Immunization
- Other



Open Monday-Thurs 8am-5pm

Fridays 8am-1pm

Drug Screens: Please arrive 2hours prior to closing

Phone:

(208) 239-1940

**500 South 11th Ave. Suite 500
Pocatello, ID 83201**

