UTMB
Occupational Medicine Clinic
The University of Texas Medical Branch

Primary Care Pavilion • 400 Harborside
Suite 124 • Entrance B
Galveston, TX 77555-1160

Request for Service

(409) 747-9175 Fax: (409) 747-9182

Date:	Company:	
Employee Name:		
[ ] Medical treatment for occupational injury	Date of Injury:	
[ ] Urine Drug Screen	Reason: [ ] Pre-placement [ ] Post-accident [ ] For Cause [ ] Return to Work [ ] Random	Type: [ ] NIDA [ ] DOT [ ] Non-NIDA [ ] Non-DOT [ ] Other:
[ ] Breath Alcohol Testing	[ ] Fitness for Duty Exam	[ ] RTW Evaluation
[ ] Physical Examination	Type: [ ] DOT [ ] Non-DOT	[ ] Other:
[ ] Other services requested:		
[ ] Please call with report:		Phone #:
Bill to: [ ] Company [ ] Insurance Carrier [ ] Patient	Billing Address:	
Comments:		
Employer Contact/Approval: (signature)		Phone #: