

DATE:		
Patient Name: LAST:	FIRST:	MI:
Soc. Sec. #:	DOB://_	Gender: M F
Address:	City:	State: Zip:
Home Phone #:	Cell Phone #:	Work Phone #:
FEMALES ONLY: If we perform an X-ray, is the	ere ANY possibility of pregnancy? :Ye	s No
,	rd-Part Administrator that provides next-generation emplo s has been designed to ensure program compliance for all I	yment screening applications for hiring and maintaining efficie Department of Transportation (DOT) and non-DOT hiring
	_	15 minutes – all while being controlled from a secure, paperles – from employer to collection facility to lab and then to MRC
In reading this, you understand that Peac eScreen, Inc. Privacy Statement.	htree Immediate Care & Occupational Medicine is a collec	tion site only. By signing below, you understand and agree to t
Signature		 Date