



DATE OF SERVICE

EMPLOYEE NAME

SSN

COMPANY NAME

GCSC MEMBER ID#

PO#

REASON FOR VISIT

- ANNUAL PRE-EMPLOYMENT RANDOM POST INCIDENT OTHER: _____

DRUG AND ALCOHOL TESTING SERVICES

- BREATH ALCOHOL DOT BREATH ALCOHOL

- INSTANT 10-PANEL URINE ^{CRL}

- 10 PANEL URINE LAB ^{CRL} DOT URINE LAB ^{CRL}

- ORAL FLUID LAB ^{CRL}

- HAIR LAB *MUST REGISTER THROUGH PSYCHEMEDICS*

- DISA SERVICES *MUST REGISTER THROUGH DISA*

AUTHORIZATION #: _____

COMMENTS:

AUTHORIZED BY

PHONE#

EMAIL

EMAIL FORM TO OHS@MYGCSC.COM