



delivering fast, accurate and cost effective results

## Request for Services / Authorization Form

**Pre-employment – Post-Accident – Random – DOT Drug Screens**

This form should accompany employee to MedScreen

**DATE:** \_\_\_\_\_ **EMPLOYEE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**REASON FOR TESTING:** \_\_\_\_\_ **PRE-EMPLOYMENT** \_\_\_\_\_ **RANDOM**

\_\_\_\_\_ **HAIR FOLLICLE** \_\_\_\_\_ **POST-ACCIDENT** \_\_\_\_\_ **DOT**

\_\_\_\_\_ **BACKGROUND** \_\_\_\_\_ **BREATH-ALCOHOL**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PHONE: 704-836-8378 OR FAX: 704-868-3778/ [mmedscreen@charlotte.twcbc.com](mailto:mmedscreen@charlotte.twcbc.com)**

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