



Service Request Form

PLEASE PRESENT THIS FORM AND YOUR DRIVER'S LICENSE UPON ARRIVAL

1730 Haines Avenue
Rapid City, SD 57701

Office: (605) 718-2778
Fax: (605) 718-2780
www.BHUCare.com

Name: _____ Birthdate: (Mo/Day/Yr) _____ Employee ID: _____
 Employer: _____ Today's Date: (Mo/Day/Yr) _____ Time _____

REASON FOR APPOINTMENT

- Pre-Employment Physical
- Ergonomic Work Screen
- DOT Physical
- Hearing Test
- Spirometry
- Respirator Fit Test
- Work Injury
- Other: _____

DRUG & ALCOHOL TEST

- DOT NON-DOT
- DRUG ALCOHOL

REASON FOR TEST

- Pre-Employment
- Reasonable Suspicion
- Random
- Post-Accident
- Return Duty
- Follow-up
- Other: _____

Immunization: (specify) _____

Lab Work: (specify) _____

** If a urine drug test is required, you will be asked to remain at the collection facility until sufficient urine is collected.*

Supervisor available for results: _____ PHONE: (____) ____-____

Sent by: _____ PHONE: (____) ____-____



Our new location is conveniently located off I-90 Exit 58 across from Shopko at 1730 Haines Ave., Rapid City, SD