

Service Request Form

1730 Haines Avenue Rapid City, SD 57701

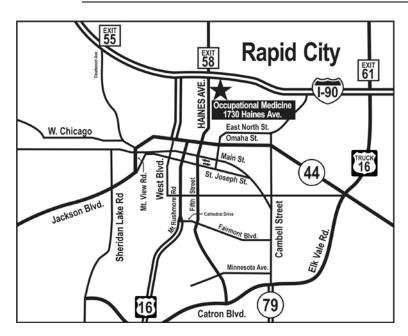
Birthdate:

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

Employee

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

Name		(M	o/Day/Yr)			ID:		
Employer			ay's Date: o/Day/Yr)			Time		
	REASON FOR APPOINTMENT	DR	DRUG & ALCOHOL TEST			REAS	REASON FOR TEST	
	Pre-Employment Physical		DOT		NON-DOT		Pre-Employment	
	Ergonomic Work Screen						Reasonable Suspicion	
	DOT Physical		DRUG		ALCOHOL		Random	
	Hearing Test						Post-Accident	
	Spirometry						Return Duty	
	Respirator Fit Test						Follow-up	
	Work Injury						Other:	
	Other:							
Immunization:	: (specify)							
Lab Work: (sp	ecify)							
*	If a urine drug test is required, you will be a	asked to ren	nain at the	collecti	on facility until	sufficient urir	ne is collected.	
	3 1 73				,			
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