



2027 61st Street ♦ Galveston, TX 77551 ♦ P: 409-744-9800 ♦ F: 409-744-8844

Company Name: Whitewater Express Car Wash

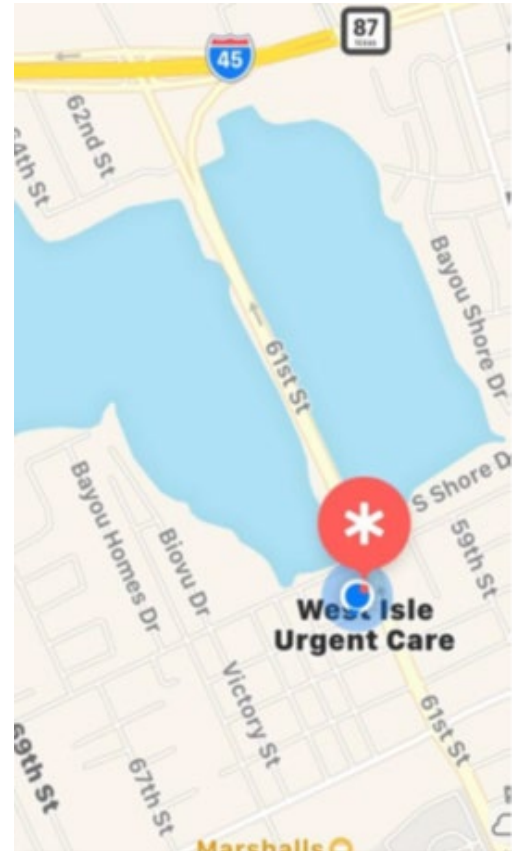
Patient Name: _____

Reason for Testing:

- ☐ Pre-employment
- ☒ **Post-accident**
- ☐ Random
- ☐ Other (Specify) _____

Tests to be performed:

- ☒ Medical Visit
- ☐ Physical
- ☐ 13 panel Rapid Urine Drug Screen (instant results)
- ☒ Non-DOT Urine Drug Screen (sent to lab)
- ☐ Non-DOT Oral (Saliva) Drug Screen (sent to lab)
- ☐ DOT Urine Drug Screen - **must specify DOT Agency:**
 - ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG
- ☒ Non-DOT Breath Alcohol Test (BAT)
- ☐ DOT Breath Alcohol Test (BAT)
- ☐ Respirator Fit Test (RFT)
 - ☐ Half-face ☐ Full-face
- ☐ OSHA Questionnaire
- ☐ Pulmonary Function Test (PFT)
- ☐ Audiogram
- ☐ Other _____



Billing Information:

- ☒ Invoice Company (Address): 106 Vintage Park Blvd #100 Houston, TX 77070
- ☐ Insurance Name & Address: _____

Authorized by: Jana Bolton

Fax/Email Results to: hr@whitewatercw.com