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 Office: (225) 231-7070
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13466 Vera McGowan Road
 Walker, LA
 Office: (225) 380-1720
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ON-SITE AUTHORIZATION FORM

Company Name: _____ Number of Employees: _____

Contact Name: _____ Contact Number: _____

Requesting: Date: _____ Time: _____

- * There will be a \$150 On-Site Fee
- * Please fax this form to HEALTHremède
- * The contact person listed above will be contacted to make On-Site arrangements

DRUG SCREENS COLLECTION				
<input type="checkbox"/> DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other
<input type="checkbox"/> NON DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other

BREATH ALCOHOL				
<input type="checkbox"/> DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other
<input type="checkbox"/> NON DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other

INJECTIONS		
<input type="checkbox"/> Flu	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> TB	<input type="checkbox"/> Pneumonia	

Other:
