



Chantilly Family Practice Center

Dr. Rajesh N. Mehra, Medical Director

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CORPORATE REQUEST FORM

Company name: _____

Authorizing Agent: _____

Address: _____ Phone No: _____

Employee name: _____ Job Title: _____

COMPANY REQUESTS

Please check required boxes:

- | | |
|--|---|
| <input type="checkbox"/> Stat in house drug screen | <input type="checkbox"/> Not dot physical |
| <input type="checkbox"/> Dot physical | <input type="checkbox"/> Audiogram |
| <input type="checkbox"/> Dot drug screen | <input type="checkbox"/> Breath Alcohol |
| <input type="checkbox"/> Non dot drug screen | |

Please check one box:

- POST ACCIDENT** **PRE PLACEMENT** **RANDOM TESTING**

Special Instructions: _____

EMPLOYEE INFORMATION

Name: _____ Birthday: _____ / _____ / _____

Social Security No: _____ Age: _____

Address: _____ Phone No: _____

CONSENT AND RECORDS RELEASE AUTHORIZATION

I, _____ Consent to have the above listed procedures completed at Chantilly Family Practice by its physician, nurses, and/or technicians. I also authorize CFPC'S agents to release all results, in writing, to _____. I hereby release CFPC and any of its agents from any and all liabilities resulting from the disclosure of such information. I also agree to waive any physician/ patent privileges that may otherwise exist.

Employee Signature

Any questions about drug screen and physicals please contact VISHAL KUMAR at (703)-968-7277 Ext. 210