

Clinic Locations

Centra Care Overland Park
 9099 W 135th Street
 Overland Park, KS 66221
 Phone: 913-549-4242
 Fax: 913-602-8911
 M-F, 8am - 8pm. Weekends: 8am - 5pm

Centra Care Olathe
 14744 W 119th Street,
 Olathe, KS 66062
 Phone: 913-839-1759
 Fax: 913-839-9588
 M-F, 8am - 8pm. Weekends: 8am - 5pm

Centra Care Shawnee
 11245 Shawnee Mission Parkway
 Shawnee, KS 66203
 Phone: 913-268-4455
 Fax: 913-268-4493
 M-F, 8am - 8pm. Weekends: 8am - 5pm

Patient Name: _____ **Date:** _____ **Time Authorized:** _____
Please Print

Employer Name: _____

Employer Address: _____

Date/Time Patient will arrive at clinic (if known): _____ **Job Title:** _____

Authorized By: _____ **Phone:** _____
Print Name *Signature*

Email of Authorizing Individual: _____

SERVICES:

Reservations Welcome: www.centracarekc.com

DRUG TEST TYPE: **NON-DOT (Non-Federal)** **DOT (Federal) *** **Photo ID Required for drug & Alcohol Testing.**

*If DOT/Federal, Must Identify DOT Agency: FMCSA FAA FTA USCG PHMSA FRA

Test Reason:

- Pre-Employment
- Post-Injury (NON-DOT)
- Return to Work
- Random
- Post-Accident/
Vehicle Other (Specify) _____
- Reasonable Suspicion
- Return to Duty (DOT ONLY)**
- Follow-up **

**RTD & DOT Follow-up must be observed.

Drug Test Panel:

- Drug Screen:** Urine Drug Test 5-Panel Saliva/Oral Fluid
 Urine Drug Test 10-Panel Expanded INSTANT Urine Drug Screen
 CISAP _____ 5-panel _____ 9-panel _____ 10-panel
 MCA (Pipefitter/Plumber) COLLECTION ONLY Observed collection ___ Yes ___ No

Breath Alcohol: DOT(Federal) NON-DOT (Non-Federal)

INJURY WORK-RELATED: Drug Screen Required: YES NO Specify drug screen above.

Date of Injury: _____ Time of Injury: _____ Body Part Injured: _____ Claim #: _____

Describe Injury: _____

Workers' Comp Insurance Carrier: _____ Phone: _____

Policy No. _____ Policy Expiration: _____

Carrier Remit To Address For Invoice: _____

EXAM: Post-Offer Annual DOT (Post-Offer or Re-Cert) **JOB TITLE:** _____

OTHER: Vaccinations: Hepatitis B 3-dose TB Skin Test TB Blood Test (IGRA/TSPOT)
 Audiogram

OTHER (Specify): _____
