

PRIMARY CARE CLINICS OF GEORGIA
DAVID L HOCKER, MD, MRO
 1240 Jesse Jewell Pkwy SE, Ste 370
 Gainesville, GA 30501
 Phone: 770-536-1004 Fax: 770-536-0905
 Office Hours: Monday & Thursday 8:00am-6:00pm
 Tuesday 8:00am-8:00pm Wednesday & Friday 8:00am -4:00pm

Employer or TPA Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Fax Number or Email: _____

Company Physical Billing	Drug Screen Billing	Workers Compensation Billing
Contact Person:	Contact Person:	Contact Person:
Phone#	Phone#	Phone#
Fax or email:	Fax or email:	Fax or email:

Physicals: DOT Basic Firefighter Police Haz-Mat Other: _____
Forms: Our standard forms Company Forms
Additional services: Audiogram PFT PPD Chest X-ray Other: _____

Drug Screens: Instant Panel 6 Panel 9 Hair
Collection only: Patient to bring in forms Forms will be sent to clinic
Breath Alcohol: Blood Alcohol Required or by request only

Workers Compensation Instructions:
Drug Screen: Yes or No **Type of Drug Screen:** _____
Breath Alcohol: Yes or No **Blood Alcohol:** Yes or No

Reporting Instructions:
Physical Forms: _____
Drug and/or Alcohol Results: _____
Work Status Forms: _____
Other Instructions: _____