

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Primary Care Clinics of Georgia  
David L. Hocker, MD, MRO  
1990 Limestone Circle, Suite 100  
Gainesville, GA 30501  
Phone (770)536-1004 Fax (770)536-0905

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

Please check the type of testing requested:

Drug/alcohol Screen \_\_\_\_\_ Physical Exam \_\_\_\_\_ Treatment of Injury \_\_\_\_\_

**Drug Screens**

**Physicals**

Panel 6 \_\_\_\_\_

Non Dot \_\_\_\_\_

Panel 9 \_\_\_\_\_

Dot \_\_\_\_\_

Instant \_\_\_\_\_ Panel 9 \_\_\_\_\_ Panel 6 \_\_\_\_\_

Hazmat \_\_\_\_\_

Hair \_\_\_\_\_

Fit for Duty \_\_\_\_\_

Dot \_\_\_\_\_

Split Specimen Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Testing**

**Audiogram** \_\_\_\_\_

**Lift Test** \_\_\_\_\_

**PFT** \_\_\_\_\_

**Vision** \_\_\_\_\_

**PPD** \_\_\_\_\_

**Breath Alcohol** \_\_\_\_\_

Other testing not listed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Representative: \_\_\_\_\_

Phone number of representative authorizing services: \_\_\_\_\_

**Office Hours:**

Drug screens

8am-4:30pm

Monday-Friday

Physicals or treatment of injury: 8am -4:00pm

Monday-Friday