

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

Employer or TPA Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Fax Number or Email: _____

Company physical billing	Drug screen billing	Workers comp billing
Contact person:	Contact person:	Contact person:
Phone:	Phone:	Phone:
Fax/email:	Fax/email:	Fax/email:

Physical forms:

Dot Basic Firefighter Police Haz-Mat Other: _____

Forms: Our Forms Company Forms Special Forms

Additional Services: Audiogram PFT PPD Chest Xray Other: _____

Drug Screens: Dot/NIDA Instant Panel 6 Panel 9 Hair

Collection only Drugs screens: patient to bring in form Forms at the office

Work Comp Instructions:

Drug Screen: Yes Or No Type of Drug Screen: _____

Breath Alcohol: Yes or NO Blood Alcohol: Yes or No

Report Instructions:

Physical Forms: _____

Drug and/or Alcohol results: _____

Work Status: _____

Other Instructions: _____