

Primary Care Clinics of Georgia  
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## EMPLOYEE REFERRAL

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

Please check the type of testing requested:

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

### Drug Screens

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

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

Instant \_\_\_\_\_

Hair \_\_\_\_\_

DOT \_\_\_\_\_

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

### Physicals

Non DOT \_\_\_\_\_

DOT \_\_\_\_\_

Hazmat \_\_\_\_\_

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

### Other testing

Audiogram \_\_\_\_\_

PFT \_\_\_\_\_

PPD \_\_\_\_\_

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

Vision \_\_\_\_\_

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

Other testing not listed:

\_\_\_\_\_

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

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

### Office Hours

Drug Screens: 8am – 4:30pm Monday through Friday

Physicals or treatment of injury: 8am – 5pm Monday, Tuesday, and Thursday  
8am – 3pm Wednesday and Friday