

**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
<b>Contact Person:</b>	<b>Contact Person:</b>	<b>Contact Person:</b>
<b>Phone#</b>	<b>Phone#</b>	<b>Phone#</b>
<b>Fax or email:</b>	<b>Fax or email:</b>	<b>Fax or email:</b>

**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 DOT

**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:** \_\_\_\_\_