

**REQUEST FOR SERVICES TO BE PROVIDED BY  
DRS RENTROP & GEATER PLLC**

2245 S LAUDERDALE  
MEMPHIS, TN 38106  
PHONE (901)948-5558  
FAX (901)774-9031

Company To Be Billed: \_\_\_\_\_

Affiliated Company (if any): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address or P.O. Box

City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Expected Arrival Date & Time: \_\_\_\_\_

**Requested (circle all services that apply):**

DOT Physical      DOT Drug Screen      DOT Collection Only  
Non-DOT Physical      Non-DOT Drug Screen      Non-DOT Collection Only  
Medical Care

**Reason for Services (circle one):**

Pre-employment      Random      Periodic      Post-accident  
Follow-up      Reasonable Suspicion/Cause      Return to Duty  
Other: \_\_\_\_\_

**Special Exams (circle all that apply):**

Audiogram      Vital Capacity      EKG      Chest X-Ray      Breath Alcohol      Other: \_\_\_\_\_

**Services to be paid by (circle one):** Employer      Employee      Worker's Compensation

Designated Employer Representative (DER): \_\_\_\_\_

DER Position: \_\_\_\_\_

DER Signature: \_\_\_\_\_