



REQUEST FOR TESTING

CLIENT: Premont ISD Students (SELF PAY)

Location Code: 1784

DATE: _____

DONOR'S NAME: _____

SOCIAL SECURITY NO: _____

AUTHORIZED BY: _____

Fax #: _____ Phone#: _____

NON-DOT DRUG SCREEN (WJ65)

NON-DOT BREATH ALCOHOL

NON-DOT PHYSICAL

REASON FOR TESTING: INITIAL
 REASONABLE SUSPICION
 RANDOM

Pinnacle Medical Management

3403 South Padre Island Drive, Suite 205

Corpus Christi, TX 78415

P: (361) 225-2218

F: (361) 225-2092

Hours of operation:

Drug Screen: M-F 8:00am-5:00pm