



Health Remède

3235 Perkins Road
 Baton Rouge, LA 70808
 Office: (225) 387-3030
 Fax: (225) 387-4521

8742 Goodwood Boulevard
 Baton Rouge, LA 70806
 Office: (225) 231-7070
 Fax: (225) 231-7069

ON-SITE AUTHORIZATION FORM

Company Name: _____ Number of Employees: _____

Contact Name: _____ Contact Number: _____

Requesting: _____ Date: _____ Time: _____

- * There will be a \$150 On-Site Fee
- * Please fax this form to Health Remède
- * The contact person listed above will be contacted to make On-Site arrangements

DRUG SCREENS COLLECTION				
<input type="checkbox"/> DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other
<input type="checkbox"/> NON DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other

BREATH ALCOHOL				
<input type="checkbox"/> DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other
<input type="checkbox"/> NON DOT	<input type="checkbox"/> Pre-Employ	<input type="checkbox"/> Random	<input type="checkbox"/> P/A	<input type="checkbox"/> Other

INJECTIONS		
<input type="checkbox"/> Flu	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> TB	<input type="checkbox"/> Pneumonia	

Other: _____

