



Client Request for Services – Land Clinics

Client Information		
Company Name	Date	
Company Billing Address		
City	State	Zip Code
Employee Name	Employee Last 4 SSN/ID#	
Testing Authorized By	Phone Number	
Send Results To	Email Address	

Testing Location			
<input type="checkbox"/> CARLSBAD	4103 Tidwell Carlsbad, NM 88220	PH: 575-205-0320	carlsbadmmu@xstrememd.com
<input type="checkbox"/> KENEDY	8730 HWY 181 Unit G, Kenedy, TX 78119	PH: 337-704-0930	kenedymmu@xstrememd.com
<input type="checkbox"/> MENTONE	204 County Road 407 Mentone, TX 79754	PH: 337-224-2901	mentonemmu@xstrememd.com
<input type="checkbox"/> MIDLAND	2600 FM 307, Midland, TX 79706	PH: 337-205-8165	midlandmmu@xstrememd.com
<input type="checkbox"/> ORLA	4283 HWY 285 N., Orla, TX 79770	PH: 337-205-9314	orlammu@xstrememd.com

Physical Exam Requested		
<input type="checkbox"/> DOT / CDL Physical <small>Midland ONLY with medical card</small>	<input type="checkbox"/> Non-DOT Physical <small>Midland ONLY with DOT medical card</small>	<input type="checkbox"/> Pre-Employment Standard Non-Dot Physical
<input type="checkbox"/> Fit for Duty <small>Bringing relevant, recent medical records helps prevent medical holds</small>	<input type="checkbox"/> Company Specific Physical <small>Company specifications / guidelines required 48 hours in advance for review prior to testing</small>	

Occupational Testing Procedures Required	
<input type="checkbox"/> Audiometry <input type="checkbox"/> Initial <input type="checkbox"/> Retest <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Blood Work Specify: _____ <input type="checkbox"/> EKG w. Interpretation <input type="checkbox"/> Urinalysis / UA Dip <input type="checkbox"/> L-Spine X-Ray <input type="checkbox"/> 3 View <input type="checkbox"/> 2 View	<input type="checkbox"/> Respirator Fit Testing w/OSHA Resp. Questionnaire <input type="checkbox"/> Mask Type: _____ <input type="checkbox"/> Fitness Assessment <input type="checkbox"/> Respirator Medical Clearance <input type="checkbox"/> Pulmonary Function Test w/OSHA Resp. Questionnaire <input type="checkbox"/> Other _____

Urine Drug and Alcohol Collection: **Applicant Must Bring Valid Photo ID**

Reason for Testing	
<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Site Access / Pre-Access <input type="checkbox"/> Other: _____	Drug Collection <input type="checkbox"/> Non-DOT UDS <input type="checkbox"/> DOT Saliva (QED) Swab <input type="checkbox"/> Hair Follicle <input type="checkbox"/> Non-DOT Saliva (QED) Swab <input type="checkbox"/> DOT UDS <input type="checkbox"/> PHMSA <input type="checkbox"/> FMCSA <input type="checkbox"/> DOT BAT <input type="checkbox"/> Rapid Urine Dip <input type="checkbox"/> 10 Panel <input type="checkbox"/> Non-DOT BAT <input type="checkbox"/> Customer Supplied Chain of Custody <input type="checkbox"/> Use XMD Generic Chain of Custody (\$75.00) <input type="checkbox"/> 5 Panel UDS <input type="checkbox"/> 9 Panel UDS <input type="checkbox"/> 10 Panel UDS <input type="checkbox"/> Direct Observation

COVID-19 Testing
<input type="checkbox"/> PCR <input type="checkbox"/> Antigen