

Winters® Chiropractic & Physical Therapy

EMPLOYER INFORMATION

Company Name

Contact Person

Street Address

City

State, ZIP Code

Primary Phone Number

Fax number

E-mail Address

Authorized by

Authorized Signature

DRIVER INFORMATION

Driver Name

Social Security #

Street Address

City

State, ZIP Code

Cell Phone Number

Home Phone Number

You are hereby notified the following test will be administered in compliance with the **Federal Motor Carrier Safety Administration** regulations.

Type of Test

DOT Physical

Alcohol

Controlled Substance

Reason for Test

Pre-Employment

DOT Renewal

Reasonable Suspicion

Random

Return to Duty

Follow Up

Post-Accident

Other (specify) _____

Who is making the payment?

Driver

Company

Cash Credit

Credit Invoice

Please call and schedule an appointment with one of our facilities

Winters Chiropractic & PT
29770 Three Notch Road
Charlotte Hall, MD 20622
301 884 3423

Winters Chiropractic & PT
101 Centennial St, Suite A
LaPlata, MD 20646
301 934 9762