

# 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  
La Plata, MD 20646  
301-934-9762