

Oakland School District 1

Code: **GBED-AR(5)**
 Revised/Reviewed: 2/11/15

Referral for Services

Employer Name: Oakland School District #1

_____ has been referred for substance abuse testing.
(Print Staff Member Name)

To: Evergreen Family Medicine
 Urgent Care
 2570 NW Edenbower Blvd., Suite 100
 Roseburg, OR 97470

- For: Physical
 OJI Follow-up

- Type: NON-DOT
- Pre-employment
 - Reasonable cause
 - Post accident
 - Random
 - Hearing exam
 - Hazmat - PE

Referred by: _____ (Authorized Signature)

Date: _____ Time: _____ A.M. P.M.

Important Notice: You must deliver this form to the testing facility checked above on the date and within two hours from the time indicated directly above. You must present a **picture identification**. The testing facility has been instructed not to collect a specimen if the time interval is greater than two hours.

I have read the above information including the notice and understand the instruction.

Donor Signature _____ _____ a.m. p.m.
Date Time

Form received by:

Receptionist _____ _____ a.m. p.m.
Date Time

Keep this form as part of the medical record.