

Treatment Referral Form

Date:	Employer Name:	
Employee Name:		
Th	•	ormed at any Primary Health Urgent Care clinic. and hours at PrimaryHealth.com
☐ Work Injury C	are	
Surety:		
Reason for Test:	☐ Pre-Employment	☐ Post-Accident/Injury ☐ Random
	Return-to-Duty	Reasonable Suspicion Other:
	services are offered until 3 hou h Department for exceptions.	rs prior to closing to allow shy bladder protocol. Please contact our
☐4 panel ec	up 5 panel ecup	☐ 7 panel ecup ☐ 9 panel ecup ☐ 10 panel ecup
DOT Collec	ction eScreen	n-DOT Quest DOT Collection
☐ Breath Alcohol Testing Only available at Broadway, Crossroads, Nampa, North Caldwell.		
Physicals	☐ DOT Physical	Generic Employment Physical
X-Ray Services	One View Chest X-Ray w	ith Provider Consult and Interpretation
Titers	patitis B Quantitative 🔲 M	MR
Vaccines – Offered for employees age 19+.		
□ COVID	☐ Flu Shot 19-64	☐ Flu Shot, High Dose 65+ ☐ Hepatitis B
□ Tdap	□Td	☐ TB Test, Intradermal (Available to employees under 19)
The following vaccines are ONLY offered at Crossroads, Garrity, and State Street.		
☐ MMR	☐ Varicella	☐ Meningococcal ACWY ☐ Meningococcal B
Authorized By:		