



Laboratory Location
1803 Center St., Ste.A
Deer Park, TX 77536
Ph. 281-476-4600
Fx. 281-930-8856
www.expertox.com

All American Screening

Client Information Form

Company Name:

Billing Information:

Test Reporting Information:

Contact Name

Contact Name

Address

Address

Phone#

Phone#

Fax#

Confidential Fax#

I will likely request:

- Respirator Fit Test:
5 Panel Hair:
10 Panel Hair:
Chromium-6:
DOT/NDOT Physicals:
Audio/Vision Tests:
Pulmonary Function:
DOT/NDOT Drug Screen:
Lead & ZPP:
Other:

Email Address:

Report by: On-line account
(A confidential User ID and Password
will be assigned.)

Special Instructions:

Billing terms are net 30 days from invoice. All amounts more than 30 days past due will be billed at 1.5% per month finance charge.

Authorized Representative (Print)

Title

Authorized Representative (Signature)

Date