



Authorization for Examination or Treatment

Patient Name: _____

Date: _____ Time Sent to Clinic: _____

Employer: Washington County Utah

Street Address: 197 E Tabernacle, St. George, UT 84770

Treatment Requested:

Drug Screen (Select One): DOT Non DOT **(RANDOM TESTS ARE NON DOT)**

(Select One): Pre-Employment Random Post-Accident

Breath Alcohol (following a motor vehicle accident)

Work Injury Medical Evaluation _____

Date of Injury _____

Washington County Policy Guidelines

- Following a motor vehicle accident, a Breathalyzer test and 5-panel drug screen are required
- Pre-Employment drug screens must arrive at the treatment facility within 2 hours of the time sent to the clinic

Corner Clinic
2351 S River Road, Suite 5
St. George, UT 84790

Monday – Saturday:

8:30 AM – 9:00 PM

Sunday: 10 AM – 6PM