



AUTHORIZATION FOR TESTING

Patient Name: _____

Date: _____ Time Sent to Clinic: _____

Employer: WASHINGTON COUNTY

Street Address: 197 E TABERNACLE, ST GEORGE, UT 84770

Drug Screen (Circle one): DOT NON DOT (default)

(Circle one): Pre-Employment Post-Accident

Breath Alcohol (required following any motor vehicle accident)

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 – 6 PM