

EMPLOYER'S Rx

Tyrone Office 344-3627
347-9818- Fax
3251 66th Street N.
St. Petersburg, FL 33710
Mon-Fri 8am-8pm
Sat-Sun 9am-6pm

Beach Office 367-5666
367-7808- Fax
6455 Gulf Blvd.
St. Pete Beach, FL 33706
Mon-Fri 9am-6pm
Sat 9am-3pm

Largo Office 531-2273
535-8930- Fax
13163 66th Street N.
Largo, FL 33773
Mon-Fri 8am-7pm
Sat 9am-3pm

Northeast Office 526-3627
520-1440- Fax
7000 4th Street N.
St. Petersburg, FL 33702
Mon-Fri 9am-8pm
Sat-Sun 9am-6pm

Seminole Office 397-5666
398-2857- Fax
7601 Seminole Blvd.
Seminole, FL 33772
Mon-Fri 8am-7pm
Sat 9am-3pm

Pasadena Office 381-3627
343-0537- Fax
1550 S. Pasadena Ave.
St. Petersburg, FL 33707
Mon-Fri 9am-7pm

For more information, please visit www.bayfrontclinics.com

Employer Name:

Employee Name:

Date of Injury:

Please provide the Following Services

- | | | |
|---|--|--|
| <input type="checkbox"/> Treatment of work related injury | <input type="checkbox"/> Annual Physical | <input type="checkbox"/> Breath Alcohol Testing |
| <input type="checkbox"/> Pre-Placement Physical | <input type="checkbox"/> Urine Drug Screen
10-Panel | <input type="checkbox"/> TB Testing |
| <input type="checkbox"/> D.O.T. Physical | <input type="checkbox"/> Blood Alcohol Testing | <input type="checkbox"/> Other (Please Specify) |

Signature of Authorized Employer Representative: _____