

# 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](http://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<br>10-Panel | <input type="checkbox"/> TB Testing                    |
| <input type="checkbox"/> D.O.T. Physical                  | <input type="checkbox"/> Blood Alcohol Testing         | <input type="checkbox"/> <b>Other (Please Specify)</b> |

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**Signature of Authorized Employer Representative:** \_\_\_\_\_