



INTEGRITY SCREENING CENTER

NAME: _____

Please bring proper (photo) identification.

SENT BY: _____

Has an Appointment on ____ / ____ / ____ at ____:____ pm

(PLEASE CALL FOR AN APPOINTMENT)

DRUG SCREEN

- 2 PANEL
- 5 PANEL
- 9 PANEL
- DOT (CDL / PHMSA)
- INSTANT RESULT TEST KIT

ALCOHOL SCREEN

- URINALYSIS
- BREATHALYZER

BY APPOINTMENT

- POLYGRAPH
- P. I. E.
- B. A. I.
- FINGERPRINT
- HAIR ANALYSIS

735 N. Court Street, Suite D
 Medina, Ohio 44256 • (330) 725-3866
 (Next to Waite's Funeral Home & across from Mario's)

BILL COMPANY _____
PAY TODAY \$ _____



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7155 Pearl Road, Suite #201
 Middleburg Hts., Ohio 44130 • (440) 886-0900
 (Southpark Professional Building • north of Bagley Rd.)

BILL COMPANY _____
PAY TODAY \$ _____

