



---

**COMPANY PROFILE**

CSR: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Number of employees: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

---

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional company contacts**

1. \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

4. \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

---

**BILLING INFORMATION:**

Company or Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send billing correspondence via: Mail **OR** Fax **OR** Email

---

**INSURANCE:** Work Comp Insurance Carrier: \_\_\_\_\_

Policy No: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send all Work Comp Invoices to: Insurance **OR** Company

---

**POST OFFER SERVICES**

**Pick One:** ( ) Patient Pays ( ) Bill Company

**Main Contact:** \_\_\_\_\_

( ) Drug Screen (**PICK ONE**):

<b>Rapid</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Urine 10 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Saliva 5 panel

OR

<b>Laboratory</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Hair Test 5 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Collection Only DS <i>(please provide chain of custody form)</i>
<input type="checkbox"/> Urine 10 panel	
<input type="checkbox"/> Saliva 5 panel	

\*\*Drug Screen Results: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Alcohol (**PICK ONE**):

<input type="checkbox"/> Breath Alcohol Test (BAT)
--

OR

<input type="checkbox"/> Oral Alcohol Screening
---

\*\*Alcohol Results: Same as Drug Screen

( ) Physical (**PICK ONE**):

<input type="checkbox"/> Basic Physical Exam <i>(please provide job description)</i>
---

OR

<input type="checkbox"/> DOT Physical <i>(Chauffeur license)</i>
---

\*\*Physical: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Audiogram: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Other: \_\_\_\_\_

**DOT POST OFFER:** *(Must be a CDL driver, not Chauffeur)*

**Pick One:** ( ) Patient Pays ( ) Bill Company

**Main Contact:** \_\_\_\_\_

( ) Drug Screen (**PICK ONE**):

<input type="checkbox"/> DOT Drug Screen
--

OR

<input type="checkbox"/> Collect Only DOT Drug Screen <i>(please provide chain of custody form)</i>
---

\*\*Drug Screen Results: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Alcohol (**PICK ONE**):

<input type="checkbox"/> DOT Breath Alcohol Test (BAT)
--

OR

<input type="checkbox"/> DOT Oral Alcohol Screening
---

\*\*Alcohol Results: Same as Drug Screen

( ) DOT Physical: **Pick One:** ( ) Patient Pays OR ( ) Bill Company

\*\*Physical: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

**POST ACCIDENT TESTING (NON INJURY):**

**Main Contact:** \_\_\_\_\_

( ) Drug Screen (**PICK ONE**):

<b>Rapid</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Urine 10 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Saliva 5 panel

OR

<b>Laboratory</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Hair Test 5 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Collection Only DS ( <i>please provide chain of custody form</i> )
<input type="checkbox"/> Urine 10 panel	
<input type="checkbox"/> Saliva 5 panel	

\*\* Drug Screen Results: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Alcohol (**PICK ONE**):

<input type="checkbox"/> Breath Alcohol Test (BAT)
--

OR

<input type="checkbox"/> Oral Alcohol Screening
---

\*\*Alcohol Results: Same as Drug Screen

\*\*If accident meets DOT criteria, DOT drug screen and DOT BAT will be completed\*\*

**WORKERS COMPENSATION INJURY:**

**Main Contact:** \_\_\_\_\_

( ) Treat injury

( ) Drug Screen (**PICK ONE**):

Do Drug Screen ONLY IF REQUESTED

<b>Rapid</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Urine 10 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Saliva 5 panel

OR

<b>Laboratory</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Hair Test 5 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Collection Only DS ( <i>please provide chain of custody form</i> )
<input type="checkbox"/> Urine 10 panel	
<input type="checkbox"/> Saliva 5 panel	

\*\*Drug Screen Results: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Alcohol (**PICK ONE**):

Request Only

<input type="checkbox"/> Breath Alcohol Test (BAT)
--

OR

<input type="checkbox"/> Oral Alcohol Screening
---

\*\*Alcohol results: Same as Drug Screen

Work status report: ( ) Give to patient **OR** ( ) Email to: \_\_\_\_\_

**RANDOM TESTING NON-DOT:**

**Main Contact:** \_\_\_\_\_

( ) Drug Screen (**PICK ONE**):

<b>Rapid</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Urine 10 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Saliva 5 panel

OR

<b>Laboratory</b> Drug Screens	
<input type="checkbox"/> Urine 5 panel	<input type="checkbox"/> Hair Test 5 panel
<input type="checkbox"/> Urine 8 panel	<input type="checkbox"/> Collection Only DS ( <i>please provide chain of custody form</i> )
<input type="checkbox"/> Urine 10 panel	
<input type="checkbox"/> Saliva 5 panel	

\*\*Drug Screen Results: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Alcohol (**PICK ONE**):

<input type="checkbox"/> Breath Alcohol Test (BAT)
--

OR

<input type="checkbox"/> Oral Alcohol Screening
---

\*\*Alcohol Results: Same as Drug Screen

( ) Random Consortium - COM will facilitate your random selections ( Our Drug Screen Coordinator, will contact you)



---

**RANDOM TESTING DOT:**

**Main Contact:** \_\_\_\_\_

( ) Drug Screen (**PICK ONE**):

OR

\*\*Drug Screen Results: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

( ) Alcohol (**PICK ONE**):

OR

\*\*Alcohol Results: Same as Drug Screen

( ) Random Consortium - COM will facilitate your random selections (Our Drug Screen Coordinator will contact you)

---

**RESPIRATOR APPROVALS:**

Required by OSHA:

- ( ) Respirator Questionnaire
- ( ) Respirator Fit Testing (*please provide mask before fitting*)

Others:

- ( ) Pulmonary Function Test (PFT or Spirometry)      ( ) Annual      ( ) Baseline      ( ) Provider request
- ( ) Physical Exam      ( ) Annual      ( ) Baseline      ( ) Provider request
- ( ) Chest X-ray

\*\*Respirator Results: ( ) Fax to: \_\_\_\_\_ OR ( ) Email to: \_\_\_\_\_

---

**ADDITIONAL SERVICES:**

- ( ) Hepatitis B Series and/or Titer
  - ( ) TB Screening
  - ( ) On-Site Services (many of our services including drug screens, respirators, etc can be done on-site) – Our Onsite Coordinator will contact you with more information
-