

Update Account Information

Company Name: _____

Contact Person: _____

Address: _____

Email: _____

Phone: _____

 Same as above / Billing Address: _____

Fax: _____

Services Request

Mark each medical service that you would like us to perform

Medical Exam Types

Basic Medical Physical Exam	
DMV/DOT Medical Exam	
Haz-Mat Physical Exam	
Scape Physical Exam	
Fit for Duty Physical Exams	
Pre-Employment Physical Exam	
Travel Physical Exam	

Vaccines

Tetanus (dT)	
Tdap Tetanus/Pertussis	
Flu Shot	
Hepatitis A	
Hepatitis B	

Laboratory Testing

Hepatitis B Titer	
MMR Titer	
Varicella Titer	
Complete Blood Count and Chemistry Panel (CBC with Chem)	
Lipids (Cholesterol/Triglycerides)	
Cholinesterase	
Thyroid Panel	
Heavy Metals	
Lead	
Zinc Protoporphyrin (ZPP)	
PSA	

Other Medical Components

Health Screen Questionnaire Review	
Urinalysis (UA Dip Test)	
Urinalysis (UA Complete)	
Chest X-Ray 1 view	
Chest X-Ray 2 views	
Back X-Ray	
Back Flexibility	
Back Strength Exam	
Respirator Questionnaire	
Pulmonary Function Testing (PFT)	
Electrocardiogram (EKG)	
Cardiac Stress Test	
Audio Exam	
Hemocult	
Complete Vision	
Screening Sleep Study	
Tuberculosis Skin Test (PPD)	
Respirator Fit Testing	

Safety Training

Cardiopulmonary Resuscitation (CPR)	
First Aid Training	
Supervisor Drug and Alcohol Awareness	

Special Request:

Drug & Alcohol Testing
Industrial Medical Group as your company Medical Review Officer (MRO)

Afterhours Drug & Alcohol Service	
Drug Screening - DOT or Non-DOT	
Quick Test Drug Screening	
Breath Alcohol Testing	

Collection Only	
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Name of Company MRO: _____

Phone: _____

Fax: _____

Address: _____

Afterhours Drug & Alcohol Service	
Drug Screening - DOT or Non-DOT	
Breath Alcohol Testing	

Worker Compensation Injury Treatment

Treatment to Industrial First Aid Injuries	
Treatment to Industrial Reportable Injuries	

Name of Worker Compensation Insurance: _____

Policy Number: _____

Phone: _____

Address: _____

Send Results to:
Email Address:
Faxed: Yes / No Cover Sheet Required: Yes / No
Fax Number:
Mailed: Yes / No
Mailing Address:

Print Name: _____ Signature: _____

Job Title: _____ Date: _____