

COMPANY PROFILE

***Required field!**

*Company *Contact
 *Physical Address *E-mail
 *City *State *Zip
 *Mailing/Billing Address Additional Information:
 *Phone *Ext. *Secure Fax

*Bill to Company Address for: Physical Drug/Alcohol Testing Post Accident Drug/Alcohol Testing Injury Misc.

Special Billing Instructions:

DESIRED DRUG TESTING SERVICES

DOT Rapid Drug Screen (Indicate desired panel) E-Screen (**Available at WorkingWell ONLY**)
 Non-DOT Desired Panel E-Cup X-Cup (6, 7, 8, 9, 10 panel rapid) E-Collection
 CCS/MICCS Breath Alcohol
 Hair
 DOT Collection Non-DOT Collection Hair Collection

E-Screen Instructions: Include DER contact; AutoFax or Web Reporting information, if desired. If no information is indicated, results will be sent to contact / secure fax or e-mail listed above.

TPA Instructions: List TPA or Lab Information including billing address, phone and if your employee will bring kit.

Random Selection Program -- Available through WorkingWell. Contact WorkingWell for additional information: WorkingWell@FranciscanAlliance.org

Yes No On-site Services DOT Non-DOT Breath Alcohol Consortium

INJURY CARE SERVICES

***Carrier Information** Self-Insured Modified Duty No Modified Duty Call for Instruction

*Name
 *Address
 *City
 *State *Zip
 *Phone *Secure Fax

*Workers' Comp Special Instructions: (Include contact for sending "Work Status" summary report) if other than above.

Physicals	OSHA Compliance	Health & Wellness	Travel Services	Other Desired Services
<input type="checkbox"/> Pre-placement <input type="checkbox"/> DOT <input type="checkbox"/> Annual <input type="checkbox"/> Return-to-Duty <input type="checkbox"/> Hazmat <input type="checkbox"/> Executive <input type="checkbox"/> TravelWell <input type="checkbox"/> Immigration <input type="checkbox"/> Other?	<input type="checkbox"/> Injury Treatment <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Audiometric Exams <input type="checkbox"/> Chemical Surveillance <input type="checkbox"/> Ergonomic Evaluations <input type="checkbox"/> Lifting Evaluations <input type="checkbox"/> Respiratory Fit-testing <input type="checkbox"/> Spirometry <input type="checkbox"/> Vision Screening	<input type="checkbox"/> Health Risk Assessments <input type="checkbox"/> Vaccinations <input type="checkbox"/> Wellness Screenings <input type="checkbox"/> Health Fairs <input type="checkbox"/> Lunch and Learns <input type="checkbox"/> CPR Training <input type="checkbox"/> First-Aid Training <input type="checkbox"/> Ergonomic Assessments	<input type="checkbox"/> Current Risk Information <input type="checkbox"/> Travel Disease Prevention <input type="checkbox"/> Immunizations <input type="checkbox"/> Consultation <input type="checkbox"/> Education <input type="checkbox"/> Medications <input type="checkbox"/> Travel Kits <input type="checkbox"/> Post-travel Consultation	<input type="text"/>