



OCCUPATIONAL MEDICINE

125 Days Inn Drive Mooresville, NC 28117

Phone: 704-660-9111 | Fax: 704-663-4504

Company Protocol Agreement

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ After Hours Phone #: _____

Primary Contact Person: _____ Email: _____

Other Information: _____

Will you send your employee's for Work Injuries? YES or NO If yes, please provide the following information:

Worker Compensation Insurance Company: _____

Claims Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Policy #: _____

*We can bill to the company or workers comp insurance at your discretion, depending on the injury/treatment, etc.

SERVICES: Please mark the services you are likely to request

Drug Screens

- ☐ 5 Panel Rapid
- ☐ 9 Panel NON-DOT Send out
- ☐ 10 Panel NON-DOT Send out
- ☐ 10 panel + BUP & FENTANYL
- ☐ 12 Panel NON-DOT Send out
- ☐ 9 Panel DOT send out
- ☐ NON-DOT and DOT Collection Only

Alcohol Test

- ☐ Blood Alcohol
- ☐ Breath Alcohol
- Physicals**
- ☐ DOT Physicals
- ☐ NON-DOT Physicals

Other

- ☐ TB Skin Test (PPD)/TB Gold Lab
- ☐ Audiogram
- ☐ Hep B Series (3)
- ☐ Hep B Titer
- ☐ Lead Levels
- ☐ Flu Shot
- ☐ PFT's

**For collection only drug screens, company must supply the Chain of Custody forms/Supplies.

**We have daily pickups from LabCorp and Quest Lab, all others will be shipped via FedEx.

**For DOT drug screen, please list the Designated Employer Representative (DER): _____

Authorized By: (Print Name) _____

Signature: _____ Date: _____