



COMPANY PROTOCOL AGREEMENT

Company Name:	
Address:	City : State: Zip:
Primary Contact Person:	
Name:	
Phone:	Fax:
Email:	Is this a secure fax?
Company Information:	
Number of Employees?	Type of Business?
Will you be sending employees for Workers Compensation Injuries? YES or NO If yes, please provide information below:	
<p>WORKERS COMP. INSURANCE: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>PHONE : _____ FAX: _____</p> <p>POLICY NUMBER (if available): _____</p> <p>Do we send the initial visit bill to the EMPLOYER or INSURANCE COMPANY? _____</p> <p>PRIMARY EMPLOYER CONTACT FOR WORK COMP: _____</p> <p>PHONE: _____ FAX: _____ EMAIL: _____</p>	
Services:	Reason/special instructions
<p>DRUG SCREENS: Please check drug screen desired.</p> <ul style="list-style-type: none"> <input type="radio"/> DOT 5 Panel <input type="radio"/> NON DOT 5 Panel <input type="radio"/> Rapid 10 Panel <input type="radio"/> Rapid 5 Panel <input type="radio"/> 10 Panel Send Out <input type="radio"/> 7 Panel Send Out <input type="radio"/> Hair Testing <input type="radio"/> Post Accident UDS <input type="radio"/> OTHER: _____ 	<p>Will employee bring their own Chain of Custody or will we use our stock? _____</p> <ul style="list-style-type: none"> <input type="radio"/> MRO: _____ <p>Designated Employer Representative- DER</p> <p>_____</p> <p>Phone: _____</p> <p>Secure Fax: _____</p> <p>Email: _____</p>
<p>OTHER SERVICES OFFERED: Please check services Needed</p> <ul style="list-style-type: none"> <input type="radio"/> Breath Alcohol Testing <input type="radio"/> Pre-Employment Screenings <input type="radio"/> DOT Physicals <input type="radio"/> Fit For Duty Testing <input type="radio"/> Audiometry <input type="radio"/> Pulmonary Function Testing (Spirometry) 	<ul style="list-style-type: none"> <input type="radio"/> MRO Review <input type="radio"/> Injections/Vaccinations <input type="radio"/> OSHA Questionnaire <input type="radio"/> Other Medical Services