



Medicine the way it should be...friendly and affordable!!!

2120 Emmorton Park Road, Suite E, Edgewood, MD 21040

Tel: (410) 612-0374 Fax: (410) 612-9174

www.totalurgentcare.com

Date: _____

Company Profile

Name of Company _____ SIC Code _____

Business Type/Industry: _____ Number of Employees _____

Address _____

City, State & Zip _____

Phone _____ Fax _____ Secure Fax _____

Contact (s) _____

E-mail Address (es) _____

Billing Address (if different from above)

Address _____

City, State & Zip _____

Phone _____

FAX _____

Workers' Comp Carrier _____ Self Insured? Yes No
(As it appears on insurance policy)

Policy # _____ Effective Dates _____ to _____

Claims Address _____

City, State & Zip _____

Phone _____

FAX _____

Claims Adjuster _____

Drug Screen/Evidential Breath Testing/Instant Saliva Alcohol

Please check below categories you will test:

DS

DOT Non-DOT

Reason for Test:

- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion
- Follow-up

EBT

DOT Non-DOT

Reason for Test:

- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion
- Follow-up

INSTANT SALIVA ALCOHOL

DOT Non-DOT

Reason for Test:

- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion
- Follow-up

Drug Panel Requested: 5 7 9 10 Instant (5-panel) Hair (5-panel)

What breath alcohol level do you consider a positive test for a Non-DOT EBT? _____

Use TUC as MRO? Yes No If "No", indicate Lab Name and Billing Address below:

Please specify how you want to receive DS/EBT results:

Phone # _____ FAX # _____

Mail (Confidential) _____ E-Mail _____

The contact person(s) for DS/EBT results is/are:
_____ 1 _____ 2 _____ 3 _____ 4

Do you want to receive both positive and negative DS/EBT results? Yes No

Injuries:

Is light/modified duty available for injured employees? Yes No

Do you want a DS performed with all injuries? Yes No EBT? Yes No

Please specify how you want to receive work status results:

Phone # _____ FAX # _____

Mail (Confidential) _____ E-Mail _____

The contact person(s) for work status results is/are:
_____ 1 _____ 2 _____ 3 _____ 4

Physical Examinations:

Pre-Employment Respiratory Compliance Other: _____

DOT Medical Surveillance

Please specify how you want to receive physical results:

Phone # _____ FAX # _____

Mail (Confidential) _____ E-Mail _____

The contact person(s) for physical results is/are:
_____ 1 _____ 2 _____ 3 _____ 4

Would you like the original DOT card given to Driver at time of visit or mailed to the Company?

Physical Exam includes a thorough examination by the Provider, Urine Dip, and Vision Exam. Any additional testing?

Notes:

E-mail completed profile and direct any questions to tlewis@totalurgentcare.com. Thank you!