



Providing Excellence to the Practice of Occupational Medicine

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At Oregon Occupational Medicine we strive to provide high quality occupational medicine services. Utilization of this form helps to ensure we provide exactly the services you need for your candidate/employee.

Patient Name: _____ **Date:** _____

<p style="text-align: center;">Drug & Alcohol Testing</p> <p style="text-align: center;">Seen on a walk in basis, no appointment needed</p> <p>Urine Drug Testing</p> <p>Type: DOT Non-DOT Rapid Result</p> <p>Reason: Pre-placement Post Accident</p> <p> Random Return to Duty</p> <p> Reasonable Suspicion</p> <p>Alcohol Testing Breath Alcohol Test (BAT)</p> <p> Saliva Alcohol Test (non-dot only)</p> <p>Type (if different from above): DOT Non-DOT</p> <p>Other: _____</p> <p> _____</p>	<p style="text-align: center;">Injury Care</p> <p style="text-align: center;">Same day injuries seen without an appointment</p> <p>Date of Injury: _____</p> <p>Work Comp Insurance Name: _____</p> <p>Policy #: _____</p> <p>Do you want post accident drug/alcohol testing?</p> <p><input type="checkbox"/> Yes (please complete DS section) <input type="checkbox"/> No</p> <p>Other: _____</p> <p> _____</p>
<p style="text-align: center;">Examinations</p> <p style="text-align: center;">Please call to schedule an appointment</p> <p><input type="checkbox"/> Pre-placement Exam <input type="checkbox"/> DOT Exam</p> <p><input type="checkbox"/> Respirator Exam <input type="checkbox"/> HazMat Exam</p> <p><input type="checkbox"/> Asbestos Exam <input type="checkbox"/> Other: _____</p> <p> _____</p> <p>In addition to standard components, include:</p> <p><input type="checkbox"/> Audiogram <input type="checkbox"/> Drug Screen</p> <p><input type="checkbox"/> Physical Capacity Test <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">Immunizations and Other Services</p> <p style="text-align: center;">Seen on a walk in basis, no appointment needed</p> <p><input type="checkbox"/> Hepatitis A Vaccine <input type="checkbox"/> Hepatitis B Vaccine</p> <p><input type="checkbox"/> TB/PPD-Standard Test (read 48-72 hours after placement)</p> <p><input type="checkbox"/> TB/PPD-Two step,</p> <p> <input type="checkbox"/> three visit protocol <input type="checkbox"/> four visit protocol</p> <p>Lab Tests:</p> <p>(Specify)</p> <p>Other: _____</p>

Additional Notes: _____

Company Name & Location: _____

Services Authorized By (print & sign name): _____

Telephone # of person authorizing services: _____

Thank You for Choosing Oregon Occupational Medicine!

