



COMPANY PROFILE/DRUG TEST PROGRAM

Today's Date

COMPANY NAME			
ADDRESS			
ADDRESS	CITY	STATE	ZIP
CONTACT NAME	PHONE	EXT	FAX
CONTACT E-MAIL	COMPANY #		
COMPANY INDUSTRY TYPE	# OF EMPLOYEES		
BILLING CONTACT	PHONE	EXT	FAX
CEO			
AFTER HOURS CONTACT	PHONE	EXT	FAX

DRUG SCREENING CONTACT			
NAME			
DEPT	PHONE	FAX	E-MAIL
DIFFERENT BILLING ADDRESS? Y N IF YES LIST BELOW.			
ADDRESS			
CITY	STATE	ZIP	

WORK COMP CONTACT			
NAME			
DEPT	PHONE	FAX	E-MAIL
DIFFERENT BILLING ADDRESS? Y N IF YES LIST BELOW.			
ADDRESS			
CITY	STATE	ZIP	

WHO WOULD YOU LIKE CALLED FOR WORKERS' COMPENSATION AUTHORIZATIONS?	
<input type="checkbox"/> INSURANCE CARRIER	<input type="checkbox"/> COMPANY
WHEN WOULD YOU LIKE EMPLOYEE RE-CHECK APPOINTMENTS SCHEDULED? _____	
MEDSTAT CAN PROVIDE MEDICATIONS TO PATIENTS THROUGH OUR ON-SITE INSTYMEDS® PROGRAM. WOULD YOU LIKE US TO FILL YOUR PRESCRIPTIONS? Y N	

COMPANY PROFILE/DRUG TEST PROGRAM

INJURY CARE			
BAT ON INITIAL VISIT?	Y	N	MAIL INJURY INVOICES TO: <input type="checkbox"/> COMPANY <input type="checkbox"/> WC INSURANCE
DRUG TEST ON INITIAL VISIT?	Y	N	WC INSURANCE COMPANY
LIGHT DUTY AVAILABLE?	Y	N	ATTN TO
SPECIAL INSTRUCTIONS		POLICY OR GROUP #	
		ADDRESS	
		PHONE	FAX
		CITY	STATE
		ZIP	

DRUG SCREEN (check as appropriate)	COLLECT ONLY	POST ACCIDENT	DOT	PRE-EMPLOY	SUSPICION	RANDOM
DOT (NIDA 5)						
5 PANEL NON-DOT						
5 PANEL RAPID						
10 PANEL						
10 PANEL W/ URINE ALCOHOL						
BAT						

WOULD YOU LIKE TO BE INCLUDED IN THE RANDOM DRUG SCREEN PROGRAM? Y N

IF ANSWERING YES TO THE ABOVE, WOULD YOU PREFER AN ELECTRONIC OR PAPER COPY OF YOUR DRUG TESTING PROGRAM? _____

DRUG SCREEN REPORTING OPTIONS

FAX
YOU WILL RECEIVE ONLY NON-DOT NEGATIVES DIRECTLY FROM CRL. THIS WILL NOT INCLUDE DILUTES, OR SAMPLES WITH LOW CREATININE LEVELS.

INTERNET
YOU WILL HAVE ACCESS TO NON-DOT AND NEGATIVE RESULTS USING A USER ID AND PASSWORD TO LOG ONTO OASIS.CRLCORP.COM. YOU WILL ALSO RECEIVE AN E-MAIL NOTIFICATION TO LET YOU KNOW THAT NEW RESULTS ARE AVAILABLE.

MEDSTAT
NEGATIVE RESULTS WILL NOT BE CALLED AND WILL BE MAILED WITHIN 2-3 BUSINESS DAYS. POSITIVE RESULTS WILL BE CALLED IMMEDIATELY AND CONFIRMED BY MAIL. DOT RESULTS WILL BE CALLED AND CONFIRMED BY MAIL.

SERVICES REQUESTED. MEDSTAT CAN BRING MANY SERVICES ON-SITE.

<input type="checkbox"/> INJURY	<input type="checkbox"/> DOT/CDL PHYSICALS	<input type="checkbox"/> BREATH ALCOHOL TESTING
<input type="checkbox"/> DRUG SCREENS	<input type="checkbox"/> EXECUTIVE PHYSICALS	<input type="checkbox"/> TETANUS
<input type="checkbox"/> EMPLOYMENT PHYSICALS	<input type="checkbox"/> AUDIOMETRY TESTING	<input type="checkbox"/> HEPATITIS B VACCINE
<input type="checkbox"/> RESPIRATOR PHYSICALS	<input type="checkbox"/> TB TESTING	<input type="checkbox"/> HEPATITIS B TITER
<input type="checkbox"/> WELLNESS SERVICES		

PLEASE MAIL OR FAX THIS FORM TO TINA FUGATE, RN, CLINICAL SUPERVISOR
 1500 PROVIDENT DRIVE, SUITE A | WARSAW, IN 46580
 PHONE: 574.372.5860 | FAX: 574.372.7684