

COMPANY PROFILE / DRUG TEST PROGRAM



Company name:			
Address:			
Address (line 2):	City:	State:	Zip:
Contact name:	Phone:	Ext:	Fax:
Contact email:		Company Phone:	
Company Industry type:		# of Employees:	
Billing contact:	Phone:	Ext:	Fax:
CEO:			

Drug screening contact name:			
Department:	Phone:	Fax:	Email:
Different billing address? List here:			
Address (line 2):	City:	State:	Zip:
After hours drug screening contact:	Phone:	Ext:	Fax:

Work comp contact name:			
Department:	Phone:	Fax:	Email:
Different billing address? List here:			
Address (line 2):	City:	State:	Zip:
After hours work comp contact:	Phone:	Ext:	Fax:

Who would you like called for workers' compensation authorizations (check one)? Insurance Carrier Company

When would you like employee re-check appointments scheduled? _____

Referral preferences? Ortho: _____ PT/OT: _____ ER: _____ Light duty work available? Yes No

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INJURY CARE:

Breath alcohol on initial visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail injury invoices to: <input type="checkbox"/> Company <input type="checkbox"/> WC Insurance
Drug test on initial visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	WC Insurance company:
Special instructions:	ATTN to:
	Policy or Group #:
	Address:
	City: State: Zip:
	Phone: Fax:

DRUG / ALCOHOL SCREENINGS:

	Post Accident	Pre-employment	Suspicion	Random
DOT (NIDA 5)				
5 Panel Non-DOT				
5 Panel Rapid				
10 Panel				
10 Panel Rapid				
Hair Test				
K2 Test / Bath Salt				
Breath Alcohol Test				
Collect Only				

DRUG SCREEN REPORTING OPTIONS:

Fax
You will receive only NON-DOT negatives directly from the lab. 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 www.myscreen.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)

Injury Care
 DOT/CDL Physicals
 Breath Alcohol Testing
 Drug Screens
 TB Testing
 Executive Physicals
 Respirator Physicals
 Tetanus
 Audiometry Testing
 Hepatitis B Vaccine
 Hepatitis B Titer
 Wellness Services
 Employment Physicals (Standard: Ht/Wt, Snellen vision, exam with house form)
 Please select additional applicable procedures with employment physicals:
 Use company physical form
 Urine Dip
 Audiometry
 Spirometry
 TB Test
 EKG
 Titmus Vision
 Ishihara Color Vision
 Drug test always included
 Labs or titers needed _____
 X-Ray _____

PLEASE EMAIL OR FAX THIS FORM TO: LOIS BORKHOLDER, BUSINESS DEVELOPMENT SPECIALIST
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