WellFast URGENT CARE

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OCCUPATIONAL MEDICINE SERVICES
EMPLOYER PROTOCOL

To use our Occupational Medicine Services please complete, sign and submit this form for initial account set-up. This information is required only once and will not need to be submitted with each Employee sent in.

Please check below which services are needed:

□ **Worker's Compensation** □ **Pre-Employment Physical/Testing**
□ **Drug Screening/Collection** □ **DOT Medical Exam**

Date: _____

Company Name: _____ Contact: _____

Company Address: _____ Telephone #: _____

Fax #: _____ Email: _____

Authorizing Personnel: _____ Telephone #: _____

After Hours Contact: _____ After Hours Telephone #: _____

Worker's Compensation Insurance Carrier: _____

Claims Address: _____

Telephone #: _____ Fax #: _____

Does your company require a:

Company Medical Transcript: □ Yes □ No Work Status Note: □ Yes □ No

How would you prefer to receive this information?

□ Fax #: _____ ***OR*** □ Email: _____ Attention to: _____

Drug Screen on all new cases? □ Yes □ No

Ten-Panel Rapid □ Yes □ No ***OR*** Ten-Panel w/ MRO review □ Yes □ No

Is an MRO confirmation required if the Rapid result is non-negative? □ Yes □ No

Will the company pay for the Drug Screen? □ Yes □ No

Will the injured worker be accompanied by a Supervisor? □ Yes □ No

Will the injured worker have a Hard Copy Authorization to evaluate and treat? □ Yes □ No

If not, who do we contact for a Hard Copy Authorization? _____

Is an Authorization required for Follow-up Visits? □ Yes □ No

Does the company have modified/light duty in place? □ Yes □ No

(Employee can be assigned modified/light duty instead of days off, if applicable)

Is an Authorization required for Referrals to Specialist or Special Testing? □ Yes □ No

Will the company be making appointments for Referrals? □ Yes □ No

Does the company have a designated Pharmacy? □ Yes □ No

If so, which Pharmacy: _____

We are here to provide a service for your company, so please let us know if there are any special instructions we may assist you with.

_____ _____

Authorized Signature - Print & Sign, Title **Date**