



CORPORATE PROTOCOL / EMPLOYER INFORMATION

In order for a Company to use our Occupational Medicine Services this form must be completed, signed and submitted to our practice for initial account set-up. This information is required only once and will not need to be submitted with each Employee sent for services.

Date: \_\_\_\_\_
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_
Company Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
Authorizing Personnel: \_\_\_\_\_ Telephone #: \_\_\_\_\_
After Hours Contact: \_\_\_\_\_ After Hours Telephone #: \_\_\_\_\_
Worker's Compensation Insurance Carrier: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
Claim #: \_\_\_\_\_ Adjuster: \_\_\_\_\_

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
If the ten-panel rapid returns a NON-NEGATIVE result, do you require a ten-panel with MRO review?
[ ] Yes [ ] No

Will company pay for Drug Screen? [ ] Yes [ ] No
Will injured worker be accompanied by a Supervisor? [ ] Yes [ ] No
Will injured worker have Hard Copy Authorization to evaluate and treat? [ ] Yes [ ] No
If not, who do we contact for Hard Copy Authorization? \_\_\_\_\_
Is 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 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, please let us know which Pharmacy: \_\_\_\_\_)

Our facility is here to provide a service for the Injured Worker and for the Employer, so please let us know if there are any special instructions we may assist you with.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

20 NW 67th Street, Suite E
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580 536 9401 Fax

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