



1111 Scurry Street Big Spring Texas 79720 (432) 264-1920

NEW COMPANY INFORMATION FORM

COMPANY NAME _____ DATE _____

ADDRESS _____ PHONE _____

CITY, STATE, & ZIP CODE _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

THIRD PARTY ADMINISTRATOR INFORMATION OR CONSORTIUM

COMPANY NAME: _____ CONTACT PERSON _____

PHONE _____ FAX _____ EMAIL _____

CITY, STATE, & ZIP CODE _____

COMPANY CONTACT PERSON _____

PHONE _____ FAX _____ EMAIL _____

PERSON (S) RESPONSIBLE FOR TREATMENT AUTHORIZATION

NAME _____ PHONE _____

NAME _____ PHONE _____

CAN INDIVIDUALS LISTED ABOVE RECEIVE TEST RESULTS & MEDICAL RESTRICTIONS? YES or NO

COMMENTS _____

SERVICES TYPICALLY REQUESTED (Please mark all that apply) – Please submit job description

PHYSICAL EXAM

- Pre- Employment (Non DOT) Physical, DOT Physical, Annual Physical, Triage Physical, Climb/Lift Assessments, Other (please specify)

DRUG AND ALCOHOL TESTING

- Non- DOT Breath Alcohol, DOT Breath Alcohol, Hair Drug Collection, Non- DOT Drug Test, DOT Drug Test, OTHER, Instant, Lab Based, Both, Observed, NON Observed

OTHER SERVICES

- Audiogram, Respirator Fit Testing, Respirator Med Clearance, OSHA Questionnaire, PFT, TB Test, Vision Screening, Other, Wellness Services (EKG, X-ray, Lab), Health Screenings/Presentations, Vaccines (Hep B, Tdap, Flu)