

OCC New Account Set-Up

Company Name: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Company Contact: _____ **Phone Number:** _____

E-mail Address: _____ **Fax:** _____

Does your company offer Healthcare: Yes: _____ No

Billing/Consortium Information: The billing address same as above

Name of Consortium/Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Services and Contacts

Drug Testing

Pre-Employment

- DOT
- 5 Panel
- 10 Panel
- Rapid (5 panel)

Post Accident Required Only when requested

- DOT
- 5 Panel
- 10 Panel
- Rapid (5 Panel)

Random/Reasonable Suspicion

- DOT
- 5 Panel
- 10 Panel
- Rapid (5 panel)

Physicals

- POP (Use job description)
- POP (with out job description)
- DOT Physical
 - Give the original card to the driver
 - Mail original to the company.

- Respirator Physical
- Asbestos Physical
- Health Screening Physical
- Hazardous Waste Physical

Physical Report:

- Mail the copy of physical to the company
- Give the patient a copy of the physical

Ancillary

- Audiogram
- Vision
- PFT
- Resp. Fit Test
- EKG (w/Int)
- EKG (No Int)

Immunizations

- Hepatitis A
- Hepatitis B
- TB
- Tetanus/Dip (TD)
- TDaP
- MMR
- Varicella
- Flu Shot
- Rabies

Please Check which results contacts are authorized to receive

Company Contact: _____ **Phone Number:** _____

E-Mail: _____ **Fax:** _____

- Drug Test Results Breath Alcohol Results Work Status Reports Physical Results Other

Company Contact: _____ **Phone Number:** _____

E-Mail: _____ **Fax:** _____

- Drug Test Results Breath Alcohol Results Work Status Reports Physical Results Other