

Alabama Occupational Medicine  
2515 E. Glenn Ave., Suite106  
Auburn, AL 36830  
Phone: (334) 821-7788 Fax: (334) 821-7555

Company \_\_\_\_\_  
Type of Business \_\_\_\_\_ No. of Employees \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person/Title \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Fax # \_\_\_\_\_

Workers' Comp Carrier \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_

(if self insured please list correct address and contacts for billing above)

If you have a W.C. carrier, should bills be mailed directly to them? Yes No

Please indicate address to send bills for other company services such as physicals and drug screens:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a preference for specialists to be used?

Orthopedics \_\_\_\_\_  
Ophthalmology \_\_\_\_\_

Would you use in-clinic Pharmacy (if available)? Yes No  
Note: All Pharmacy charges are fixed by fee schedule

Should post-injury drug screening be routinely done? Yes No  
If yes, should results be reported to the contact  
person/ alternate contact person noted above? Yes No

Any special instructions for work related injuries? \_\_\_\_\_  
\_\_\_\_\_

Please check possible services to be utilized:

- Work Related Injuries      Executive Physicals      Drug Tests: Urine/Hair  
Respirator Clearance Exam      DOT Exams      Breath Alcohol Testing  
Pre-Placement Exam      IMEs/ Impairment Ratings  
Certified Medical Review Officer Services      Other \_\_\_\_\_

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FAX BACK TO (334) 821-7555