TOTAL
URGENT CARE
Occupational Medicine
314 Highway 3162
Cut Off, LA 70433
Phone: (985) 632-1820 Fax: (985) 632-1824

NEW CLIENT INFORMATION

Company Name: _____

Company Physical Address: _____

_____

Phone Number: _____ Fax Number: _____

Contact Person: _____

Position at Company: _____

Cell Number: _____

Email: _____

Billing Information:

Billing Address: _____

Accounts Payable Contact: _____

Worker's Comp. Information:

Worker's Comp. Insurance Company: _____

Insurance Address: _____

Insurance Phone: _____

Policy Number: _____

Please Fax this information to: (225) 215-4445

Or email to: dgilbert@phcurgentcare.com and kmetrejean@phcurgentcare.com

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NEW CLIENT INFORMATION
SERVICES REQUESTED

Injury Treatment:

Company: _____

Contact Person: _____

Phone Number: _____

Post-Accident Drug Screen: ☐ DOT ☐ NON-DOT ☐ Quick Screen

Breathe Alcohol Test: ☐ DOT ☐ NON-DOT

Services Requested:

Type of Physical Examinations: _____

Breathe Alcohol Test: ☐ DOT ☐ NON-DOT

Pulmonary Function Test: ☐

Respirator Fit Test: ☐

Audiogram: ☐

Drug Screen: ☐ DOT ☐ NON-DOT ☐ Quick Screen ☐ Hair

Other: _____

_____

_____

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