

Occupational Medicine
Oakwood
3931 Mundy Mill Rd.
Suite C
Oakwood, GA 30566
Office: 770-219-8275



Northeast Georgia Health System

OCCUPATIONAL MEDICINE

Employer Profile:

Company Name _____ Phone _____ Fax _____

Physical Address _____

Billing Address (if different) _____

Contact #1 _____ Email _____

Contact #2 _____ Email _____

Workers' Compensation Information (Injury)

Insurance Carrier _____ Phone _____

Address _____

Post Accident Drug Screen Required? (Check one) YES NO /Bat Required? YES NO

Which panel do you prefer? (Check one) Panel 5 Panel 6 Panel 9 P10 NIDA Instant Collection Only

If you are a Collection Only, what lab do you use? _____

How would you like your drug screens reported to you? (Check one) EMAIL FAX

Name of contact for drug screen results: _____

Bill Work Comp Drug Screens To: Insurance Carrier Company Collection Lab

Occupational Medicine Services

Type of Services Required: (Check the ones that apply)

Drug Screens:

Panel 5 Panel 6 Panel 9 Instant Collection Only

NIDA (Panel 5): FMCSA, FAA, FRA, FTA, PHMSA or USCG

Breath Alcohol - DOT Non-Dot Random Drug Screens

Exams

Pre Placement Exams DOT Exams Hazmat Respirator Questionnaire

Other _____

Please complete this form and fax to 770-219-8261

Email Joy.Ross@nghs.com