Baton Rouge General Express Care
Urgent Care & Occupational Medicine

3235 Perkins Road
Baton Rouge, Louisiana 70806
P: (225)231-7070 F: (225)231-7069

8742 Goodwood Boulevard
Baton Rouge, Louisiana 70808
P: (225)387-3030 F: (225)387-4521

13466 Vera McGowan Road
Walker, Louisiana 70785
P: (225)380-1720 F: (225)380-1719

NEW COMPANY INFORMATION

Local Company Information

Company Name: _____

Local Address: _____

Local Contact Person: _____

Local Phone Number: _____ Local Fax: _____

Approximate Workforce Size: _____

Persons authorized to receive confidential information/DER:

1. _____ Email Address: _____

2. _____ Email Address: _____

3. _____ Email Address: _____

After hours Contacts and phone numbers:

1. _____ Alt. Phone Number: _____

2. _____ Alt. Phone Number: _____

Corporate Company Information

Corporate Contact Person: _____ Email Address: _____

Corporate Address: _____

Corporate Phone: _____ Corporate Fax: _____

Billing Information

Billing Contact: _____ Email Address: _____

Billing Address: _____

Billing Phone: _____ Billing Fax: _____

Preferred Method of receiving invoices: ☐ Mail ☐ Fax ☐ Email

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Worker's Comp Insurance Carrier: _____

Worker's Comp Insurance Address: _____

Worker's Comp Contact: _____ Phone: _____

Services Requested

Drug Screens/Collections (MRO Services) ☐ Clinic MRO ☐ Own MRO

*If Using own MRO: ☐ Patient will bring in COC forms ☐ Company will supply copies to clinic

Paperwork returned to (check one): ☐ Employee ☐ Authorized persons to receive information

*If paperwork is returned to authorized persons, please specify means of receipt:

☐ Mail ☐ Fax ☐ Email

***Email preferred for confidential reasons and for recipient read receipt.**

Pre-Employment Information:

☐ Drug Screen (Please Specify)
- ☐ Instant
- ☐ NON-DOT
- ☐ DOT

☐ Physical (Please Specify)
- ☐ NON-DOT
- ☐ DOT
- ☐ OTHER: _____

☐ All other Pre-employment testing to be marked on the authorization for services sheet

Post Accident Screen:

☐ On all post accidents ☐ By request ONLY (persons authorized to make this request please list below)

_____

- ☐ No drug screen
- ☐ Instant drug screen
- ☐ NON-DOT drug screen
- ☐ DOT drug screen
- ☐ Breath Alcohol Test
- ☐ Observed Collection

Additional Comments/Requests:

_____

Owner/President (Please print) _____ Signature _____ Date: _____