

**Lakeside Occupational Medical Centers, Inc.**

7527 Ulmerton Road, Largo, FL 33771  
TEL.: (727) 535-2735 FAX: (727) 535-5272

**Company Data**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

# of Employees \_\_\_\_\_ Type of Business \_\_\_\_\_

**PHYSICALS:**

\_\_\_\_\_  
Contact Person Phone # FAX # Email

**DRUG SCREENING:**

\_\_\_\_\_  
Contact Person Phone # FAX # Email

**Drug Screen Type:** \_\_\_\_\_ 5 panel \_\_\_\_\_ 8 panel \_\_\_\_\_ 10 panel \_\_\_\_\_ NIDA  
(Please check all that apply) \_\_\_\_\_ Collection only \_\_\_\_\_ Breath Alcohol  
\_\_\_\_\_ Blood Alcohol

**Billing Information**

Company Name: \_\_\_\_\_

(If different from above)

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone # Fax#

**ACCOUNTS PAYABLE:**

\_\_\_\_\_  
Contact Person Phone # FAX #

**WORKERS' COMP:**

\_\_\_\_\_  
Contact Person Phone # FAX # Email

**Workers' Compensation Insurance Information**

Carrier: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone # FAX #

\_\_\_\_\_  
Policy # Effective Date

Please indicate any special instructions that you want to be noted in your company profile. (Examples: Drug screen all WC injuries; Mail physical results to Mrs. Jones @ Company X; Call Mrs. Smith @ Company Y with drug screening results; Mrs. Brown is the only company representative to authorize treatment, etc.)

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

\_\_\_\_\_  
Name of company representative completing this form Date

**Please fax to (727) 535-5272 once completed. Thank you.**



Occupational Medical Centers, Inc.

### Physicals Information Form

Drug Screen:  NIDA  10 Panel  8 Panel  5 Panel  
 Collection only  Instant  Urine  Hair  Blood  Breath  
 Company bill  Third party bill Forms provided by:  Employer  LOMC  
 Results Reported to: \_\_\_\_\_ Phone: \_\_\_\_\_

Vaccinations: \_\_\_\_\_

Type of Physical:

Basic	DOT	Respiratory
<input type="checkbox"/> Drug Screen <input type="checkbox"/> Audiometry <input type="checkbox"/> Backscreen <input type="checkbox"/> TB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Drug Screen <input type="checkbox"/> Audiometry <input type="checkbox"/> Backscreen <input type="checkbox"/> Breath Alcohol Test <input type="checkbox"/> Other: _____	<input type="checkbox"/> OSHA History <input type="checkbox"/> Pulmonary Function <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Respiratory Fit Test <input type="checkbox"/> Lab (lead/asbestos) <input type="checkbox"/> Other Lab _____ <input type="checkbox"/> Other: _____
Forms: <input type="checkbox"/> Short Form <input type="checkbox"/> Employer <input type="checkbox"/> LOMC	Forms: <input type="checkbox"/> PE goes to: _____ <input type="checkbox"/> Employer <input type="checkbox"/> LOMC	Forms: <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Ok for SCBA goes to: _____ <input type="checkbox"/> Employer <input type="checkbox"/> LOMC

The following physicals are referred to Sandy Driver: HAZMAT, Fire/Police, Heavy Metals

Special Instructions: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Lakeside Staff: \_\_\_\_\_

Date: \_\_\_\_\_