

Lakeside Occupational Medical Centers, Inc.

7527 Ulmerton Road, Largo, FL 33771
TEL.: (727) 535-7250 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: _____