

CORPORATE ACCOUNT INFORMATION

Company Name	Company Phone
Company Address	Company Fax
Name of Person(s) authorized to approve medical services	Phone Number
1.	
2.	

PHYSICALS / SCREENING Same As Above

Point of Contact	Phone:	Fax:
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WORKERS' COMPENSATION Same As Above

Point of Contact	Phone	Fax
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BILLING INFORMATION FOR WORKERS' COMPENSATION Bill to Company Address Above Bill to below info

To:	Phone:
Address:	Fax:

DRUG TEST SCREENING INFORMATION

Point of contact	Phone	Fax <input type="checkbox"/> Secure <input type="checkbox"/> Not Secure
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Type of Urine Drug Tests	Lab Requested	MRO Information
<input type="checkbox"/> NIDA – 5 Panel	<input type="checkbox"/> LabOne	Name:
<input type="checkbox"/> Non – NIDA – 5 Panel	<input type="checkbox"/> Quest	Address:
<input type="checkbox"/> Non – NIDA - ____ Panel	<input type="checkbox"/> LabCorp	
<input type="checkbox"/> eScreen Instant	<input type="checkbox"/> No Preference	
<input type="checkbox"/> eScreen ____ Panel	<input type="checkbox"/> Other	
<input type="checkbox"/> Instant 2 Panel		Fax:
<input type="checkbox"/> Instant 5 Panel		Phone:
<input type="checkbox"/> Collection Only		<input type="checkbox"/> No MRO requested – send results