CARSON VALLEY HEALTH

Occupational Health at Ironwood- Request for Corporate Account

897 Ironwood Dr., Minden, NV 89423

Phone: 775-782-1615 Fax: 775-783-8019

Employee/Patient Information (MUST present photo ID at time of service)

Name:_____ Date of Birth: _____ SSN/ID: _____

Address: _____ Phone: _____

City/State/Zip:_____ Email: _____

Job Title: _____ Appointment Date:_____ Appointment Time: _____

Employer Information: Company & Location

_____

Contact Name:_____ Phone:_____Fax:_____

Billing: Bill Employer's Acct? Yes No Cash/Check/Credit Card Amount Paid:_____

Account Billing Information:_____

Address:_____ City/State/Zip:_____

Please **CIRCLE ALL** needed services for today's appointment

(Please ensure you are marking the correct services prior to sending to our office)

Alcohol & Drug Testing:

Reason for Testing:

Random Pre-Employment

Post-Accident Reasonable Suspicion

DOT:

Specify Agency:

FMCSA FAA

FRA FTA

PHMSA USCG

Test:

Breath Alcohol Urine Drug

Hair Drug

NON-DOT:

Instant Drug (Please choose)

5 Panel or 7 Panel

Urine 5 Panel Drug (Send out)

Breath Alcohol

Collection only:

Hair Drug Screen

Physical Exams:

Pre-Employment Physical

CDL DOT Physical

FAA Flight Exam (class 2 or 3 ONLY)

Fit For Duty Clearance
(Job Description Required)

Immunizations:

Hepatitis A Hepatitis B

Influenza (Flu) TwinRix

Meningococcal Typhoid

Tetanus (T-Dap)

Measles/Mumps/Rubella (MMR)

Authorized By:

_____

Date:_____

Other:

Respiratory Fit Test (N95 mask)

Tuberculosis (TB)

Back Evaluation

Audiometry

Spirometry

Urinalysis (Dipstick only)

Chest X-Ray

Phone:_____

Fax:_____