



Occupational Health at Ironwood- Request for Services

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)

Other:

Respiratory Fit Test (N95 mask)
Tuberculosis (TB)
Back Evaluation
Audiometry
Spirometry
Urinalysis (Dipstick only)
Chest X-Ray

Authorized By:

Date: _____

Phone: _____

Fax: _____