Industrial/Occupational Medicine
Primary Care Physician/Minor Emergencies
Family Practice

http://elitedoc.com
17200 TX-249, #100A, Houston, TX 77064
Phone 832 446-3200 Fax 832 446-3108

TREATMENT REQUEST

COMPANY NAME _____

PATIENT NAME_____

PHONE _____ CELL_____
SS#(required)_____

□EMPLOYEE_____ □ OTHER_____

□Workmans Comp—Date of Accident_____

Insurance Company_____

Employer _____Employer Phone_____

□ Bill Company Directly_____

TYPE OF MEDICAL SERVICES REQUIRED

□ Pre-Employment Physical	□ DOT Physical	□ Drug Screen
□ DOT Urine Drug Screen	□ NIDA Drug Screen	□TB-Skin Test
□ Alcohol Screen	□ Cardiovascular Stress Test	□ Urinalysis
□ Work Injury Treatment	□ EMG	□ General X-Ray
□ EKG	□ Hearing Test (Audiogram)	□ Doppler Studies
□ Second Opinion Work Related Injuries	□ Other_____	

Supervisor Printed Name _____ Department _____

Supervisor Signature Date Phone Number

Industrial/Occupational Medicine
Primary Care Physician/Minor Emergencies
Family Practice

http://elitedoc.com
17200 TX-249, #100A, Houston, TX 77064
Phone 832 446-3200 Fax 832 446-3108

*****CONFIDENTIAL*****

INFORMATION FURNISHED BY COMPANY

COMPANY NAME: _____

Street Address: _____City_____State____Zip_____

Phone #_____ Fax#_____Average # of Employees_____

Corporate Contact Name For Company_____Direct Ph#_____

Bill Company Directly □Yes □No Workers Comp. Carrier Name:_____

Address:_____City_____State____Zip_____

Claim or Policy Number_____

PHYSICAL EXAM REQUIREMENTS

□Alcohol Screening □Drug Screen □DOT-Drug Screen □Pre-Employment Screening with U/A

□Random Drug Screen □EKG □Vision Check □Audiometry □Other _____

□Vaccines □MMR □Tetanus □Hep A □Hep B □TB Skin Test □Other_____

□Work Injury: What part of body to Treat?_____

□ X-Rays: What part of Body?_____

□Labs □CBC □Chemistry □HIV □ Hepatitis □Titers □Other_____

Fax Drug Screen Results? □Yes □No If So, call before faxing? □Yes □No

Fax Attention to: _____Fax #_____

Other Billing Instructions and Rates_____

_____