

## Occupational Health at Ironwood – Request for Services

897 Ironwood Dr., Minden, NV 89423 • P: 775.782.1615 F: 775.783-8019

Employee/Patient Information (must	present photo ID at time of service)	
Name		Date of Birth
Address		SSN/ID
City/State/Zip	Ph	Phone
Email		Job Title
Appointment Date		Appt Time
Employer Information		
= :		
Contact Name	Phone	Fax
Please mark all needed services for too	day's appointment:	
Immunization	Alcohol & Drug Testing	Examination
O Hepatitis A	DOT	<ul> <li>Clearance: Fit for Duty</li> </ul>
O Hepatitis B	<ul><li>Breath Alcohol</li></ul>	Clearance: Respiratory
O Influenza (flu)	<ul><li>Urine Drug (5 panel)</li></ul>	O DOT: CDL
<ul><li>Measles, Mumps, Rubella</li></ul>	Non-DOT	<ul> <li>Exam: Functional Capacity</li> </ul>
(MMR)	<ul><li>Instant Drug Test</li></ul>	O Exam: Travel
<ul> <li>Meningococcal</li> </ul>	<ul><li>Breath Alcohol</li></ul>	○ FAA Flight Exam (class 2 or 3 only)
O TwinRix	<ul><li>Hair Drug Screen</li></ul>	O Physical: Pre-Employment
O Tetanus (Tdap)	<ul><li>Urine 5 Panel Drug</li></ul>	Other:
<ul><li>Typhoid</li></ul>	O Post Accident	
Other:	O Pre-Employment	Radiology
	<ul><li>Random</li></ul>	O Chest - Limited
	<ul> <li>Reasonable Suspician</li> </ul>	
Screening	Fire/Sheriff Heart & Lung Physical	s Other Services
<ul><li>Audiometry</li></ul>	O Annual <40	O Back Exam
<ul><li>Spirometry</li></ul>	O Annual >40	Other:
O Tuberculosis (TB)	O New DCSO/EFF	Other:
<ul><li>Urinalysis (Dipstick Only)</li></ul>	<ul><li>New Volunteer</li></ul>	
	O Termination Labs	
Billing/Payment		
○ Bill Employer's Account ○ C	ash/Check/Credit Card O Amou	ınt Paid
○ New Corporate Account ○ C	ther	
Account Billing Information: Address		City/St/Zip
Authorized by:		Date:
Phone:	Fax:	