

Client : \_\_\_\_\_

**Company Info**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**Billing Info/Third Party Administrator (If different than above)**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Contact Person

**Designated Employer Representative (DER)**

\_\_\_\_\_  
Primary contact name

\_\_\_\_\_  
After Hours Phone

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Alternate contact name

\_\_\_\_\_  
After Hours Phone

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Medical Review Officer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**Authorization Forms** *An authorization form must be provided for EVERY employee requiring our services. It may accompany the employee or you may fax it in advance.*

- We have a current authorization form that will be used.
- We would like Velocity Care to provide us with a customized Authorization Form.

Please select your requested services on pg. 2

Client : \_\_\_\_\_

The following is a list of most common EPS selections. Please select what services you would like to receive. If you do not see what you are looking for, please fill it in on the additional comment section below.

**Examinations**

- DOT Exam with MEC
- General Health Exam
- Return to Work Exam

**Drug & Alcohol Testing**

- Breath Alcohol Test (DOT, Non-DOT)
- Non-DOT DS
- DOT DS:
  - FMCSA       FAA       FRA
  - FTA       PHMSA       USCG
- Rapid DS (non-DOT, In-house/Quick Test)
- Hair Follicle DS

**Ancillary Testing:**

- EKG
- Ishihara Color Vision Test
- Snellen Visual Acuity
- Spirometry (PFT)
- TB Skin Test (PPD)
- X-Ray : \_\_\_\_\_
- Lab : \_\_\_\_\_

**Vaccinations/Injections**

- Tetanus, Td, or Tdap
- Hepatitis B (series of 3)
- Hepatitis A
- MMR
- Influenza

**The following services are only provided at the Velocity Care on Mansfield Road & require an appointment.**

- Industrial Respirator Fit Testing w/ OSHA questionnaire:
  - Mask type:  Full Face Mask       Half Face Mask
  - Manufacturer: \_\_\_\_\_
  - Mask Model: \_\_\_\_\_
  - Filter connection type: (Twist, Screw, Snap-In, or Thread)
- Audiogram
- N95 Healthcare Mask Fit Testing
  - Brand: \_\_\_\_\_
  - Model: \_\_\_\_\_
- Vision Titmus Test

**Additional services/comments:**

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**Form Distribution & Test Results** Please indicate the place and method of where you would like any correspondence relating to testing (i.e. forms, results, etc.) to be sent.

**Employer:**     Fax    Mail    Email      **TPA:**     Fax    Mail    Email      **MRO:**     Fax    Mail    Email

**Other:**

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