



NEW COMPANY/PROTOCOL INFORMATION

COMPANY INFORMATION:

Company Name: _____

Contact Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

ADDITIONAL CONTACT(S):

Name: _____ Ph: _____ Cell: _____

Name: _____ Ph: _____ Cell: _____

Name: _____ Ph: _____ Cell: _____

Name: _____ Ph: _____ Cell: _____

ADDITIONAL TESTING:

Drug Screen: Yes No

5 Panel Non-Nida DOT 10 Panel

Breath Alcohol Test: Yes No

Non-DOT DOT

RETURN TO WORK FORM (RTW):

To Be Emailed: Yes No

Email Address: _____

To Be Faxed: Yes No

Fax Recipient: _____ Fax Number: _____

TRANSCRIPTIONS:

To Be Emailed: Yes No

Email Address: _____ Zip Password: mednow

To Be Faxed: Yes No

Fax Recipient: _____ Fax Number: _____

IF WORKCOMP:

Workcomp Carrier: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____