



# OMS

## OCCUPATIONAL MEDICAL SERVICES

Your Partner in Employee Health

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### Drug Screen Reporting/DER Form

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

This form is used for updating **drug screen reporting ONLY**. Please understand that OMS will not release results to anyone that is not specifically named on this form.

We will contact the Designated Employer Representative (DER) immediately to report a positive and follow up with a mailed hard copy.

Negative drug screen reporting options:

Email To: \_\_\_\_\_

OR

Secure Fax: \_\_\_\_\_

OR

WebOasis Only (Volume of 25+ drug screen results per month)

OR

Phone Call- we will contact the first DER on the list below, unless otherwise specified.

DER #1: \_\_\_\_\_

Phone: \_\_\_\_\_  Yes, leave results on confidential voice mail.

DER #2: \_\_\_\_\_

Phone: \_\_\_\_\_  Yes, leave results on confidential voice mail.

DER #3: \_\_\_\_\_

Phone: \_\_\_\_\_  Yes, leave results on confidential voice mail.

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DER #1 Print Name

Sign Name

Date

Fax or E-mail this form to:

Assistant: Kari Lear, [klear@omsmd.com](mailto:klear@omsmd.com)

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