



OCCUPATIONAL MEDICAL SERVICES INC.

PLEASE CALL TO MAKE AN APPOINTMENT

**EMPLOYER'S AUTHORIZATION FOR MEDICAL TREATMENT
(MUST PRESENT PHOTO ID AT TIME OF SERVICE)
(PLEASE- NO UNSUPERVISED CHILDREN UNDER 10 YEARS OF AGE IN CLINIC)**

Patient Name:	Company Name:
SSN:	Location #/Street Address:
Date of Birth:	Temporary Staffing Agency:

WORK-RELATED	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	VACCINATIONS
DATE OF INJURY:			<input type="checkbox"/> Hepatitis B
POST ACCIDENT TESTING			<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> DOT Regulated		<input type="checkbox"/> PPD
<input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> Non-Regulated		<input type="checkbox"/> Flu Vaccine
<input type="checkbox"/> Collection only			<input type="checkbox"/> Tetanus
			<input type="checkbox"/> Blood Draw - Specify Test:

PHYSICAL EXAMS - Check Exam Requested	X-RAYS
<input type="checkbox"/> Post-Offer Physical Exam	<input type="checkbox"/> Chest x-ray (1 view)
<input type="checkbox"/> DOT Exam - New Certification	<input type="checkbox"/> Chest x-ray (2 view)
<input type="checkbox"/> DOT Exam - Recertification	<input type="checkbox"/> Chest x-ray (1 view) W/B-Reader
<input type="checkbox"/> Respiratory Exam	<input type="checkbox"/> Chest x-ray (2 view) W/B-Reader
<input type="checkbox"/> Hazmat Exam	<input type="checkbox"/> Other - Please specify
<input type="checkbox"/> Asbestos Exam	
<input type="checkbox"/> Performance Evaluation	

SUBSTANCE ABUSE TESTING	OTHER TESTING
<input type="checkbox"/> Urine Drug Screen - DOT Regulated	<input type="checkbox"/> Pulmonary Function Test
<input type="checkbox"/> Urine Drug Screen - Non Regulated	<input type="checkbox"/> Audiogram (Hearing Test)
<input type="checkbox"/> Collection Only	<input type="checkbox"/> Vision
<input type="checkbox"/> Instant Test	<input type="checkbox"/> Respiratory Fit Testing
<input type="checkbox"/> Breath Alcohol - DOT Regulated	
<input type="checkbox"/> Breath Alcohol - Non DOT Regulated	

REASONS FOR TEST	BILLING
<input type="checkbox"/> Post Offer	<input type="checkbox"/> Employee to pay at time of service
<input type="checkbox"/> Random	<input type="checkbox"/> Bill my company
<input type="checkbox"/> Post Accident/Injury	<input type="checkbox"/> Bill workers' compensation carrier
<input type="checkbox"/> Follow-up	Insurance Company Name _____
<input type="checkbox"/> Reasonable Suspicion	Policy # _____
	Phone # _____

I authorize OMS to provide this employee with the medical attention provided above. I further acknowledge my company's responsibility for the payment of services.

Authorized By: (Print) _____ Authorized Signature: _____

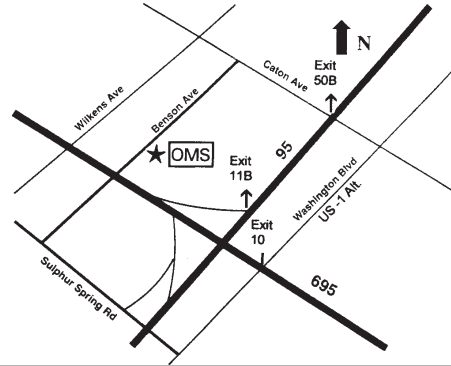
Phone: _____ Date: _____

OMS-ARBUTUS

Beltway Corporate Center
4807 Benson Avenue
Baltimore, MD 21227
Phone: 443-524-2737 • Fax: 443-524-2742

Hours of Operation:

24 Hours - Monday thru Saturday Noon



OMS-CANTON

3600 O'Donnell Street • Suite 170 • Baltimore, MD 21224
Phone: 410-534-1203 • Fax: 410-534-1205

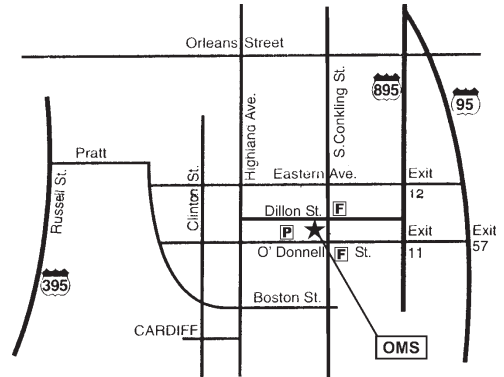
Hours of Operation:

Monday thru Friday 7:30am - 5:00pm

Metered Parking in Front

Free Parking Across the Street at ElderHealth on
Dillon St. and across from Medical Center

MTA #13 stops on Boston Street

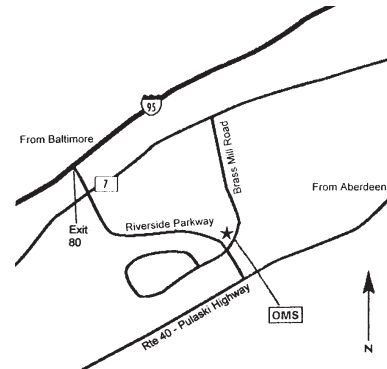


OMS-BEL AIR/ABERDEEN

1200 Brass Mill Road
Suite C
Belcamp, MD 21017
Phone: 410-272-7756 • Fax: 410-273-7694

Hours of Operation:

Monday thru Friday 7:00am - 5:00pm



OMS-GREENBELT

7933 Belle Point Drive
Greenbelt, MD 20770
Phone: 301-220-1191
Fax: 301-220-2291

Hours of Operation:

Monday thru Friday 8:00am - 4:30pm



OMS-ROSEDALE

8652 Pulaski Highway • Suite C
Rosedale, MD 21237
Phone: 410-780-8111
Fax: 410-780-8116

Hours of Operation:

Monday thru Friday 7:30am - 5:00pm

