Gretna Location 107 Wall Blvd. Ste A. Gretna, Louisiana 70056 Phone: 504.433.5070 Fax: 504.433.5077

Account #: ______
Insurance Code: _____
Date: _____

Company Name:	Phone #:
Address:	Fax #:
City/State:	Zip Code:
Contact Person:	E-Mail Address:
****PLEASE INCLU	DE A W-9 FORM WITH THIS FORM****
WORKER'S	COMPENSATION INFORMATION:
Bill Direct: Bill Insurance Company:	
Insurance Company:	Phone #:
Address:	Fax #:
City/State:	Zip Code:
Light Duty Available: Yes: No:	
DRUG	S SCREEN INFORMATION:
Pre-Employment: Yes: No:	Post Accident: Yes: No:
NIDA: Non-NIDA: Collection	on Only: Escreen:
Lab Preference:	
MRO Information:	
Address:	City/State/Zip Code:
ALCOHOL INFORMATION: EBT or SWAB	
Pre-Employment: Yes: No:	Post Accident: Yes: No:
PRE-EMPLOYMENT REQUIREMNTS:	
Physical: Physical Results: Send wit	h Patient: Mail: Fax: Online Portal:
Back X-Rays views Chest X-Ray:	Audio: PFT: Respirator Questionnaire:
Respirator Quantitative Fit: Lab Work:	
Comments:	

Referred By: