



**General Company Information**

Are you an existing Corewell Health Occupational Health client?  No  Yes  
 Company name \_\_\_\_\_  
 Company address \_\_\_\_\_  
 City, State, and Zip code \_\_\_\_\_  
 Company industry type \_\_\_\_\_  
 Number of total employees \_\_\_\_\_  
 Are you able to attach job descriptions with your application?  No  Yes

**Contact Information**

**Main Company Contact**

Name \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Confidential fax number \_\_\_\_\_  
 Main contact is also the contact for:  Workers Compensation  Physical/Drug Screens  DER

*Only complete below information if department contacts will differ or you have an alternate point of contact*

**Alternate Contact Information**  Workers Compensation  Physical/Drug Screens  DER

Name \_\_\_\_\_  
 Office phone number \_\_\_\_\_  
 Mobile phone number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Confidential Fax number \_\_\_\_\_

**Alternate Contact Information**  Workers Compensation  Physical/Drug Screens  DER

Name \_\_\_\_\_  
 Office phone number \_\_\_\_\_  
 Mobile phone number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Confidential Fax number \_\_\_\_\_

**Alternate Contact Information**  Workers Compensation  Physical/Drug Screens  DER

Name \_\_\_\_\_  
 Office phone number \_\_\_\_\_  
 Mobile phone number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Confidential Fax number \_\_\_\_\_

**For pricing and contact information, please refer to the 'We're Here For You' document provided in the welcome email. If you do not have this document, please call us at 616.391.2778, option 1.**

## Workers Compensation Contact Information

Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Confidential fax number \_\_\_\_\_  
Billing address \_\_\_\_\_

**Available Services:** Please check all that apply. If you would like a bundle of orders, please specify in the request section below.

- Audiogram
- Breath Alcohol Testing
  - DOT  Non-DOT
- DOT Physical
- Extensive Physicals (Please specify below)
  - Firefighter  Hazmat  Coastguard  MColes
- TB Test
  - Skin  Quantiferon  Chest X-Ray  TB Questionnaire
- Immunizations (Please specify below)
- Lift Testing
  - Up to 50lbs  51-75lbs  75lbs+  Other: \_\_\_\_\_
- Comprehensive Back
- Exam Hand/Wrist Exam
- Pre-Employment Physical (Please specify below)
  - Fitness for Duty  Return to Work
- OnSite Services (Please specify services below)
- Drug Screening (Please specify below if a UDS is needed for reasonable suspicion)
  - 4 Panel  5 Panel  7 Panel  9 Panel  10 Panel  10 Panel w/ Exp Opiates  Hair Test  Collection Only
- Vision Screening
  - Ishihara  Titmus
- Work Comp Treatment
- Respirator Fit Testing (Patient must bring own mask and adapter)
  - Qualitative  Quantitative
- Pulmonary Fit Testing

### **Company Specific Order Requests:**

**Department:**  Workers Compensation  Physical/Drug Screens  DER

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**Department:**  Workers Compensation  Physical/Drug Screens  DER

If you need assistance while completing this form, please reach out to one of our knowledgeable representatives by calling 616.391.2778 or emailing [occserv@corewellhealth.org](mailto:occserv@corewellhealth.org)

**Submit Form**