COMPANY PROFILE / DRUG TEST PROGRAM



Company name:						
Address:						
Address (line 2):		City:	State:	Zip:		
Contact name:		Phone:	Ext:	Fax:		
Contact email:	<u> </u>	Company Phone:				
Company Industry type:		# of Employees:				
Billing contact:		Phone:	Ext:	Fax:		
CEO:		<u> </u>				
After hours contact:		Phone:	Ext:	Fax:		
		<u> </u>				
Drug screening contact name:						
Department:	Phone:	Fax:	Email:			
Different billing address? List here:						
Address (line 2):		City:	State:	Zip:		
			L			
Work comp contact name:						
Department:	Phone:	Fax:	Email:			
Different billing address? List here:						
Address (line 2):		City:	State:	Zip:		
		I	I			
Who would you like called for workers' compensation authorizations (check one)? ☐ Insurance Carrier ☐ Company						
When would you like employee re-check appointments scheduled?						
MedStat can provide medications to patients through our on-site INSTYMEDS ® kiosk, saving them and you valuable time. For more information and assistance with INSTYMEDS ®, have your employee check with us while at MedStat.						



COMPANY PROFILE / DRUG TEST PROGRAM



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INJURY CARE:				Пио		
Breath alcohol on initial visit	: ∐Yes ∐No	Mail injury invoices to: ☐Company ☐WC Insurance				
Drug test on initial visit:	□Yes □No	WC Insurance company:				
Special instructions:		ATTN to:				
		Policy or Group #:				
		Address:				
		City:	State:	Zip:		
		Phone:	1	Fax:		
DRUG / ALCOHOL SCRI	EENINGS:					
	Post Accident	Pre-employment	Suspici	on Random		
DOT (NIDA 5)						
5 Panel Non-DOT						
5 Panel Rapid						
10 Panel						
10 Panel w/ Urine Alcohol						
Breath Alcohol Test Hair Test				+		
K2 Test						
Bath Salt						
Collect Only						
DRUG SCREEN REPOR	TING OPTIONS:					
☐ Fax						
You will receive only NON-DOT negatives directly from the lab. This will not include dilutes, or samples with low creatinine levels.						
☐ Internet						
You will have access to NON-DOT and negative results using a user ID and password to log onto www.oasis.crlcorp.com. You will also receive an e-mail notification to let you know that new results are available.						
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MedStat Negative results will not be called and will be mailed within 2-3 business days. Positive results will be called immediately and confirmed by mail. DOT results will be called and confirmed by mail.						
SERVICES REQUESTED. MEDSTAT CAN BRING MANY SERVICES ON-SITE:						
□Injury □DC	OT/CDL Physicals	☐Breath Alcohol Te	sting	☐Drug Screens		
☐TB Testing ☐Ex	ecutive Physicals	☐Employment Phys	sicals	☐Respirator Physicals		
☐Tetanus ☐Aı	ıdiometry Testina	☐ Henatitis B Vaccine ☐ Henatitis B		Henatitis B Titer		

PLEASE MAIL OR FAX THIS FORM TO: E.SCOTT FEATHER, BUSINESS DEVELOPMENT SPECIALIST 1500 PROVIDENT DRIVE, SUITE A | WARSAW, IN. 46580 PHONE: 574-372-3895 | FAX: 574-372-7684

☐Wellness Services

