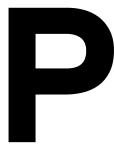

PRIME
OCCUPATIONAL
MEDICINE

Medical Director: Luke P. Lee, MD, MPH
Board Certified Occupational Medicine, ABPM
Main Office: 225-749-5750

☐ **3515 Highway 1 South, Port Allen, LA 70767** **Fax: (225) 749-3138**
☐ **3919 West Airline Hwy, Suite D, Reserve, LA 70084** **Fax: (985) 536-3919**

Order for OM Service Form

Employee Name: ____________________ Date:_________________

Company Name: ____________________ Contact Name: _________

Social Security #: ____________________ Job Number: _________

☐ **Injury Treatment;** Type: ___________________________________

☐ **Physical Exam:** ☐ DOT ☐ Non-DOT
☐ Pre-Placement ☐ Annual
☐ Semi-annual ☐ Re-certification
☐ Other ______________________________

☐ **Physical Function Exam:**
☐ Pre-Employment ☐ Other _____________

☐ **Breath Alcohol** ☐ DOT ☐ Non-DOT

☐ **Drug Screen:** ☐ DOT ☐ Non-DOT ☐ Quick ☐ DISA ☐ Hair
☐ Pre-Employment ☐ Annual
☐ Random ☐ Reasonable Cause
☐ Post Accident ☐ Other_______________

☐ **Respiratory Fit Test:** ☐ Qua**li**tative ☐ Quan**ti**tative
Mask #1: ____________________ Mask #2: ____________________
☐ **Pulmonary Function Test**
☐ **Audiogram** ☐ **Titmus Vision Testing**
☐ **Return to Work Clearance**
☐ **Laboratory Tests:** ____
☐ **Other:** ____

_______________________________________ (   )   -
Authorized Signature and Phone Number 00360med auth 02.9.10

"Remember to call us to schedule your on-site services"