



**P R I M E
O C C U P A T I O N A L
M E D I C I N E**

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

Client Information:

Company Name: _____

Company Physical Address: _____

Phone: _____

Fax: _____

Billing Information:

Billing Address: _____

Email Invoices? Yes No

Invoice Email Address: _____

Accounts Payable Contact Person: _____

Worker's Comp. Information:

Worker's Comp. Insurance Company: _____

Insurance Address: _____

Insurance Phone #: _____

TPA (Third Party Administrator)

Company Name: _____

Billing Address: _____

Mailing Address: _____

Phone #: _____

Fax #: _____

Contact Person: _____

Human Resource Department:

Type of Physical Examinations: _____

Labs: _____

Fit Tests: _____

Audiogram: _____

Breath Alcohol: _____ DOT _____ Non-DOT _____

Other Tests: _____

Drug Screen: _____

Panel of Test: _____ DOT _____ Non-DOT _____ Quick _____ Hair _____

Human Resource Department Contact:

Name: _____

Mailing Address for Results: _____

Phone #: _____ Fax #: _____

Injury Policy:

Safety Manager(s): _____

Phone #: _____

Post Accident Drug Screen: DOT _____ Non-DOT _____ Quick _____ Panel of Test _____

Breath Alcohol: DOT _____ Non-DOT _____

If you would like to receive the Prime Occupational Medicine Monthly newsletter, please list your addresses below.

1. Email Address _____

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3. Email Address _____

Additional Info: _____
