



We're here when you need us.  
41715 Winchester Road Ste. 101  
Temecula, CA 92590  
Ph: 951.308.4451  
temecula24hoururgentcare.com



We're here when you need us  
295 S. Rancho Santa Fe Road  
San Marcos, CA 92078  
Ph: 760.471.1111  
sanmarcos.care

## Employer Profile

Company name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

## Work Comp

Work Comp Contact: \_\_\_\_\_

After Hour Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work Comp Insurance: \_\_\_\_\_

\_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

2<sup>nd</sup> Work Comp Insurance (if Applicable)

\_\_\_\_\_

2<sup>nd</sup> Policy Number \_\_\_\_\_

Work status/results report to (choose one):

Secure fax: \_\_\_\_\_

Non Secure Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Give patient two copies: \_\_\_\_\_



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**WORKERS' COMPENSATION**

**\*\*NOTE:** Photo I.D. required for all drug screens and Breath Alcohol Tests.

**Post-Injury PROTOCOLS:**  
(Check All That Apply):

Restricted Duties Available  
 Modified Duties Available  
 No Modified Duties Available  
 Follow Employer's Protocol  
 File **WC INSURANCE**  
 Use WC Credit Card on File  
 Treat **AS FIRST AID** *if possible*

**Post-Injury DRUG SCREEN:**  
(Check All That Apply):

Required  Not Required

**SELECT TYPE/S OF DRUG SCREEN/S:**

DOT Drug Screen  
 Non-DOT Drug Screen  
 Hair Follicle Collection

Check Below for **IN-HOUSE** Drug Screens:

Rapid 5-Panel Screen  
 Rapid 9-Panel Screen  
 Rapid 10-Panel Screen

Check Below If **Applicable:**

**OBSERVED** Drug Screen

**Post-injury BREATH ALCOHOL TEST:**

Required  Not Required

**Type of BREATH ALCOHOL TEST:**

DOT  Non-DOT

**Occupational Health**

Occupational Health Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Report results to (choose one):

- Secure fax: \_\_\_\_\_  
 Non Secure Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**OCCUPATIONAL HEALTH / PRE-EMPLOYMENT EXAMS**

**\*\*NOTE:** Photo I.D. required for all drug screens and Breath Alcohol Tests.

**Type of PHYSICAL EXAM:**

DOT / DMV Physical Exam  
 BASIC Physical Exam

**OTHER SERVICES:**

Audiogram  
 Back X-Ray  
 Chest X-Ray  
 EKG  
 Hep. B Titer / Series (if not immune)  
 MMR Titer / Vaccine  
 Range of Motion / Back Exam  
 Spirometry / PFT  
 TB / PPD Skin Test  
 Varicella Titer / Vaccine

**SELECT TYPE/S OF DRUG SCREEN/S:**  
CHECK ALL THAT ARE APPLICABLE.

Drug Screens Below are <b>SENT TO LABS</b> for results.	Check Below for <b>IN-HOUSE</b> Drug Screens:
<input type="checkbox"/> DOT Drug Screen	<input type="checkbox"/> Rapid 5-Panel Screen
<input type="checkbox"/> Non-DOT Drug Screen	<input type="checkbox"/> Rapid 9-Panel Screen
<input type="checkbox"/> Hair Follicle Collection	<input type="checkbox"/> Rapid 10-Panel Screen

**CHECK ALL THAT ARE APPLICABLE FOR DRUG SCREEN:**

**OBSERVED** Drug Screen  **PRE-EMPLOYMENT**  **Post-Accident (No Injury)**  
 **RANDOM** Drug Screen  **RETURN TO DUTY**  **Reasonable Suspicion**  
 **FOLLOW-UP**  \_\_\_\_\_

**Type of BREATH ALCOHOL TEST:**

DOT  Non-DOT

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## Billing

Billing Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Billing Phone #: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

Completed By: \_\_\_\_\_ **X** \_\_\_\_\_  
Print Name Signature and Date

Check box if filled out over the phone