

1702 Ohio Ave
Lynn Haven, FL 32444



**URGENT
CARE**

Ph: (850) 571 - 5844
Fax: (850) 571 - 5845

Company Profile Form

Company Name: _____ Date: ____/____/____

DBA / AKA: _____ Phone: ____ - ____ - ____

Contact Information

Physical Address: _____ Fax: ____ - ____ - ____

_____ Alt Phone: ____ - ____ - ____

DER Name: _____ DER Phone: ____ - ____ - ____

DER Fax: ____ - ____ - ____ DER E-Mail: _____

Alternate DER: _____ Phone: ____ - ____ - ____

Billing Information

Billing Address: _____ Phone: ____ - ____ - ____

_____ Fax: ____ - ____ - ____

Special Billing Instructions: _____

Workers' Compensation Insurance

Carrier Name: _____

Carrier Address: _____ Phone: ____ - ____ - ____

_____ Fax: ____ - ____ - ____

Contact (if known): _____

Contact Phone: ____ - ____ - ____ Contact E-Mail: _____

Results:

Please list how you wish to receive results after your employees have been seen.

E-Mail to: _____ Fax to: ____ - ____ - ____

Mail to: _____

Other: _____

Other Services Requested

Mark the other services you will be using our company for. These can be changed at any time.

Drug Screens: Form (Must select one): Coastal's MRO Your MRO

Test (Must select one): DOT Regulated 10 Panel DFWP Rapid (Instant)

Pre-employment Physical Annual Physical Fire Fighter Physical FDLE Physical

Vaccinations: Hep B / Flu / Other Vaccinations: _____

OSHA Respiratory Physical (Not for masks) HAZMAT Physical PCAs / FCEs

Pulmonary Function Test (Only PFT) Audio Testing EKG Vision

TB / PPD Testing Chest X-rays Other: _____