



Occupational Medicine Consultants, Ltd.
6515 Barrie Road, Edina, MN 55435

Welcome to OMC and thank you for choosing us as your occupational health services provider.

In this document you will find our account set up form. You may complete the fill-in form online and e-mail it to **omcoffice@aol.com**, or you may choose to print, complete, and fax the form to **763-479-2586**.

We will develop a protocol specific to your needs and review it with you prior to implementation. All clinical protocols will be reviewed by a nurse manager with physician input as needed.

If you are selecting forensic substance abuse testing services only you will be contacted by an MRO account manager to establish your account.

The menu of services listed is published as a 'most often requested' document. Please add any specific service request not listed and/or other pertinent information to the document. Occupational Medicine is diverse, highly technical, and provides all mandated surveillance testing in the clinic or on site at your location. Ergonomic consulting is available. Nova Care physical therapy also has a full service clinic in our building.

Please contact me should questions arise.

Again, welcome and thank you for your business.

Carol Jetzer, RN, BS
Occupational Medicine Consultants
612-327-4926 Direct
763-479-2586 Fax



Administrative Contact for Questions & Additional Information [612-327-4926](tel:612-327-4926)

COMPANY INFORMATION

NAME OF COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY CONTACT PERSON _____ TITLE _____

PRIMARY CONTACT PHONE NUMBER _____ FAX NUMBER _____

PRIMARY CONTACT E-MAIL ADDRESS _____

SECONDARY CONTACT PERSON _____ PHONE NUMBER _____

BILLING INFORMATION (If different from above)

CONTACT _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

LOCATION ADDRESS _____

CITY _____ STATE _____ ZIP _____



CHOOSE SERVICES TO BE PROVIDED

Drug Testing Services Menu:

- Collection only at OMC
- Medical Review Only
 - Review all results
 - Review non-negatives only
- Medical Review and Laboratory Testing Services:
 - Testing Laboratory of Choice: MEDTOX Clinical Reference Lab (CRL) QUEST
 - Lab Corp Redwood Toxicology Other: _____
- Testing Panel:
 - DOT
 - Non-DOT: 5 panel 7 panel 9 panel 10 panel
- DOT Random Program Services
- Urine Drug Screen Collection QED - Saliva Alcohol Screening
- Blood Alcohol (non-DOT only) DOT Breath Alcohol

Clinical Services Menu:

- Workers Compensation Injured Worker Care

YOUR COMPANY WORKERS COMPENSATION CONTACT

CONTACT PHONE NUMBER

CONTACT E-MAIL ADDRESS

Workers Compensation Insurance Carrier:

CARRIER

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

- Pre-Placement Physical Examination – OMC Forms with Detailed Health History
- Pre-Placement Physical Review (Exam Done Elsewhere and Reviewed by OMC MD)
- Back Evaluation
- Strength and Flexibility Testing
- Hand Arm Vibration Testing
- Respirator Wearer Questionnaire Review
- Respirator Wearer PFT Testing
- Respirator Wearer Fit Testing
- Respirator Wearer Baseline Exam
- Hearing Conservation Program



- | | |
|---|---|
| <input type="checkbox"/> Comprehensive Upper Extremity Evaluation | <input type="checkbox"/> Audiometric Testing (audio gram) |
| <input type="checkbox"/> Health History Questionnaire Review | <input type="checkbox"/> Vision Exam |
| <input type="checkbox"/> DOT Physical | <input type="checkbox"/> Laser User Vision Exam |
| <input type="checkbox"/> FAA Physical | <input type="checkbox"/> Urine Dip Stick Testing |
| <input type="checkbox"/> Fitness for Duty Exam | <input type="checkbox"/> Hemocult (stool for blood) |
| <input type="checkbox"/> Return to Duty Exam | <input type="checkbox"/> Blood Borne Pathogen Exposure |
| <input type="checkbox"/> Clinical Laboratory Testing (blood chemistry; cbc; exposures; heavy metal screening) | <input type="checkbox"/> Immunization(s) |
| <input type="checkbox"/> On Site Nursing/Technician Services | <input type="checkbox"/> Educational Program |
| <input type="checkbox"/> Other, please specify: _____ | |

At Your Location Services Menu:

- MD DOT Exams
- MD Worksite Evaluation; Ergonomic Consultation
- MD Medical Director Services
- Nurse/Technician Specimen Collection (DATIA Certified Collectors)
- Nurse/Technician/Audiograms (CAHOOC Certified)
- Nurse/Technician Pulmonary Function (Respirator User Certified)

Please Contact:

- Please send pricing for requested services to:

NAME

E-MAIL OR FAX NUMBER

- I have questions; please contact:

NAME

E-MAIL OR FAX NUMBER

E-mail Form to: **omcoffice@aol.com** or Fax Form to: **763-479-2586**