

Peterson Occupational Health Services
2300 W. Peterson Ave. Chicago, IL 60659
Tel: 773.910-9514 Alt: 773.508.9300 Fax: 773.761.2112
Company Profile

Name of Company _____
Address _____
City, State, Zip Code _____
Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Email Address _____
of Employees _____
Hours of Operation _____
Business Type _____
Toxic Or Hazardous Chemicals Used:

Requested Services (check all that apply)

Injury Care _____ Post Offer Physicals _____
Return to Work Physicals _____ OSHA Compliance Physicals/Exam _____
DOT Physicals _____
Recertification Exam _____

Pre-Employment Drug Test _____
Type of Drug Test: 5 Panel _____
10 Panel _____
DOT _____
Collection Only _____ Other _____
Contact Person for Drug Test : _____ Alt.Contact _____
Phone #: _____ Secured Fax # : _____

Post Injury/Random/Reasonable Cause

Breath Alcohol Test _____
Drug Screen _____
Type of Drug Test: 5 Panel _____
10 Panel _____
DOT _____
Collection Only _____ Other _____
Contact Person for Drug Test: _____ Alt. Contact _____
Phone Number : _____ Secured Fax # _____

Available Work Post- Injury

Limited/ Light Duty _____
No Limited Duty _____
Call Company for Instructions _____

Employee Work Status Report

Fax to Company _____
Mail to Company _____
Returned via Employee _____

Other Miscellaneous Services

Hepatitis B Vaccination _____
Pulmonary Function _____
TB / PPD Test _____
Other _____

**Billing Information :
Non-Work Injury Related Services**

Name of Company _____
Address _____
City, State, Zip Code _____
Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Email Address _____

Work Injury Related Services

Name of Company _____
Address _____
City, State, Zip Code _____
Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Email Address _____

Personnel authorized to approve treatment:

Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Email Address _____

Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Email Address _____

Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Email Address _____

Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Email Address _____

Signature of Authorized Representative

Name of Company

Title

Date