ON-SITE SERVICE REQUEST

Phoebe Corporate Health

Please complete all applicable sections, select desired services, and fax to ATTN: Client Services | 229-312-9230 or email to Robin Campbell at Rnutt@ppmh.org

Flu-shots Do you have privacy screens or private rooms nearby? Is WiFi available at your site? Type of Drug Screen: DOT Non-DOT 10 Panel Collection 10 Panel Instant Do you have your own Urine Collection Cups? Do you have your own Chain of Custody Form? Do you have restrooms nearby? Do you have a place to secure personal belongings? Yes No No (instruct your employees to bring ID only)	Company Name:	Today's Date:
Site Address: Contact Name:	Type of Industry:	<u>'</u>
Phone: Email: On-site Contact: (if different from above) City: Phone: State: Zip: Email: Parking information and detailed directions to building/work space. Include gate access instructions if applicable: Billing Address: Billing Representative: (if different from above) Billing Representative: (if d	# of Employees Receiving Service:	Requested Date/Time of Service:
Email: On-site Contact: (if different from above) City: Phone: State: Zip: Email: Parking information and detailed directions to building/work space. Include gate access instructions if applicable: Billing Address: Billing Representative: (if different from above) Billing Representative: (if different from above) Billing Rep Title: Phone: City: Fax: State: Zip: Email: Physical Exams Do you have private rooms? Do you have restrooms nearby? Do you have restrooms nearby? Do you have restrooms nearby? Tyes No No (provide 1 copy of each patient's driver licens) FIu-shots Do you have privacy screens or private rooms nearby? Fiu-shots Do you have privacy screens or private rooms nearby? Fiu-shots Do you have privacy screens or private rooms nearby? Fiu-shots Do you have privacy screens or private rooms nearby? Fiu-shots Do you have privacy screens or private rooms nearby? Fiu-shots Do you have privacy screens or private rooms nearby? Fiu-shots Do you have privacy screens or private rooms nearby? Fiu-shots Do you have privacy screens or private rooms nearby? Yes No No Do you have privacy screens Type of Drug Screen: DOT Do you have privacy screens DOT Do you have your own Urine Collection Cups? Do you have your own Chain of Custody Form? Do you have restrooms nearby? No No No (instruct your employees to bring ID only)	Site Address:	Contact Name:
On-site Contact: (if different from above) City: Phone: State:		Phone:
(if different from above)		Email:
City:		
State: Zip: Email: Parking information and detailed directions to building/work space. Include gate access instructions if applicable: Billing Address: Billing Representative: (if different from above) Billing Rep Title: Phone:	01	,
Parking information and detailed directions to building/work space. Include gate access instructions if applicable: Billing Representative: (if different from above)	•	
Billing Address: Billing Representative: (if different from above) Billing Rep Title: Phone: City:		
City: Fax: State: Zip: Email: Physical Exams	Billing Address:	(if different from above)
State: Zip: Email:		Phone:
Physical Exams Type of Exam: Do you have private rooms? Yes No Do you have restrooms nearby? Yes No (provide 1 copy of each patient's driver licens) Plu-shots No (provide 1 copy of each patient's driver licens) Do you have privacy screens or private rooms nearby? Yes No Is WiFi available at your site? Yes No Dorug Screens Type of Drug Screen: DOT Observed Non-DOT 10 Panel Collection 10 Panel Instant Do you have your own Urine Collection Cups? Yes No Do you have your own Chain of Custody Form? Yes No Do you have restrooms nearby? Yes No Do you have a place to secure personal belongings? Yes No No (instruct your employees to bring ID only)	<u> </u>	
Do you have private rooms? Do you have restrooms nearby? Do you have a copy machine nearby? Do you have a copy machine nearby? Do you have privacy screens or private rooms nearby? Is WiFi available at your site? Drug Screens Type of Drug Screen: DOT Non-DOT 10 Panel Collection 10 Panel Instant Do you have your own Urine Collection Cups? Do you have your own Chain of Custody Form? Do you have restrooms nearby? Tyes No Do you have a place to secure personal belongings? Yes No No No (provide 1 copy of each patient's driver licens No (provide 1 copy of each patient's driver licens No No (provide 1 copy of each patient's driver licens No No (provide 1 copy of each patient's driver licens	State: Zip:	Email:
Non-DOT 10 Panel Collection 10 Panel Instant S Panel Collection 5 Panel Instant	Do you have private rooms? Do you have restrooms nearby? Do you have a copy machine nearby? Flu-shots Do you have privacy screens or private rooms nearby?	Yes No Yes No No No (provide 1 copy of each patient's driver license)
Do you have your own Urine Collection Cups? Do you have your own Chain of Custody Form? Do you have restrooms nearby? Do you have a place to secure personal belongings? S Panel Collection Yes No Yes No No Instruct your employees to bring ID only)	Drug Screens Type of	Drug Screen: DOT Observed
	Do you have your own Chain of Custody Form? Do you have restrooms nearby? Do you have a place to secure personal belongings?	S Panel Collection 5 Panel Instant Yes No Yes No Yes No Yes No Yes No (instruct your employees to bring ID only)
Biometric Screening Do you have privacy screens or private rooms nearby? Do you have a copy machine nearby? Yes No (provide 1 copy of each patient's driver license)	Do you have privacy screens or private rooms nearby?	Yes No (provide 1 copy of each patient's driver license)
Heartsaver® CPR AED Heartsaver® First Aid Do you have enough seats and tables for your students Do you have a digital projector or large television? Yes No Do you have restrooms nearby? Yes No How many students are new to CPR (not re-certifications)?	Do you have enough seats and tables for your students Do you have a digital projector or large television? Do you have restrooms nearby? How many students are new to CPR (not re-certifications	Yes No Yes No Yes No

2410 Sylvester Road Phone: 229-312-9220
Albany, GA 31705 Fax: 229-312-9205