

**FAX TO (209)216-3330 or email to bwberry@romeoclinic.com**



New Company Inquiry



Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

alternate phone: \_\_\_\_\_  cell  other email address: \_\_\_\_\_

HR: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email address: \_\_\_\_\_

WC: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address:  same as mailing OR \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Inquiry: \_\_\_\_\_ Referred to by whom? \_\_\_\_\_

Workers Comp Carrier: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Industry: \_\_\_\_\_ Seasonal Employees: YES NO

Number of Employees:  < 25  25-50  50-100  100 - 200  200 - 500  > 500

Notes/Special Interests from employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Services Offered: (please check all requested)

- Injury Care
- DMV Physical
- Pre-employment Physical
- Annual Physical
- DOT Urine Drug Screen
  - Pre-employment
  - Post accident
  - Return to duty
  - Suspicion & cause
- Non DOT Urine Drug Screen
  - Pre-employment
  - Post accident
  - Return to duty
  - Suspicion & cause
- Evidential Breath Alcohol Test-DOT
- Evidential Breath Alcohol Test-Non-DOT
- Post-Accident Evidential Breath Alcohol Test
- Audiology with Physician Review
- Spirometry with Physician Review
- OSHA Respirator Medical Questionnaire
- Focus Physical
- Hepatitis A Series
- Hepatitis B Series
- Tuberculosis Testing (PPD)
- Musculoskeletal Lifting Capacity Exam
- Worksite Health Promotions Program
- Color Blind Test
- FIT test N95 respirator
- Fit for Duty