**Petersburg Medical Center**

103 Fram Street; PO Box 589

Petersburg, AK 99833

Phone: 907-772-4291 Fax 907-772-3085

**REQUISITION FOR OCCUPATIONAL HEALTH SERVICES**

**\*\*For Drug/Alcohol Screening use separate *Request for Employer Directed Drug/Alcohol Screening* form\*\***

**Instructions:**

For Lab Test – **Submit completed form by fax 907-772-9271.** PMC staff will contact you with an appointment date and time after your completed form is received.

For all others – **Call to schedule appointment. Present completed form (signed by employer) at time of check-in.**

Date:Click or tap to enter a date. Visit Number: Click or tap here to enter text. **(PMC Use Only)**

**Employee Information:**

Name: Click or tap here to enter text. DOB: Click or tap here to enter text.

**Service Requested:**

[ ] Vaccine Administration:\_\_\_\_\_\_\_\_\_\_\_\_\_(specify)

[ ] PPD Test

[ ] Work Physical Certification: Choose an item.

[ ] Annual Prevent/Health Ins. Wellness Incentive \*\*Bill Insurance. Form Not Required\*\*

 [ ] Post-exposure (chemical) testing

 [ ] Post-exposure (body fluid) testing

 [ ] Other: Click or tap here to enter text.

Date of Appointment: Click or tap to enter a date. Time: Click or tap here to enter text.

Forward Invoices To (Company Name): Click or tap here to enter text.

Billing Address**:** Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax: Click or tap here to enter text.

**This form certifies that payment for services rendered will be paid by the entity listed above.**