

1702 Ohio Ave
Lynn Haven, FL 32444



**URGENT
CARE**

Ph: (850) 571 – 5844
Fax: (850) 571 - 5845

Company Profile Form

Company Name: _____ Date: ____ / ____ / ____

DBA / AKA: _____ Phone: ____ - ____ - ____

Contact Information

Physical Address: _____ Fax: ____ - ____ - ____

_____ Alt Phone: ____ - ____ - ____

POC Name: _____ POC Phone: ____ - ____ - ____

POC Fax: ____ - ____ - ____ POC E-Mail: _____

Alternate POC: _____ Phone: ____ - ____ - ____

Billing Information

Billing Address: _____ Phone: ____ - ____ - ____

_____ Fax: ____ - ____ - ____

Special Billing Instructions: _____

Workers' Compensation Insurance

Carrier Name: _____

Carrier Address: _____ Phone: ____ - ____ - ____

_____ Fax: ____ - ____ - ____

Contact (if known): _____

Contact Phone: ____ - ____ - ____ Contact E-Mail: _____

Results:

Please list how you wish to receive results after your employees have been seen.

E-Mail to: _____ Fax to: ____ - ____ - ____

Mail to: _____

Other: _____

Other Services Requested

Mark the other services you will be using our company for. These can be changed at any time.

Drug Screens:

Form (MUST SELECT ONE):

Coastal's Chain of Custody Form

Your Company's Chain Of Custody (Must be provided to donors by your company unless kept on file with us)

Test (MUST SELECT ONE):

DOT Regulated

10 Panel DFWP

Rapid (Instant)

Pre-employment Physical

DOT Physical

FDLE Physical

OSHA Resp Physical (Not for masks)

Vaccinations: Hep B / Flu / Other Vaccinations:

Pulmonary Function Test (Only PFT)

Audio Testing

EKG

Vision

TB / PPD Testing

Chest X-rays

Other: