

OCCUPATIONAL HEALTH NEW COMPANY INFORMATION

Plainfield Occupational Health Center

1100 Southfield Drive, Suite 1310 Plainfield, IN 46168 P | (317) 839-6200 F | (317) 837-5500

Patient Name:					
Company Name:	:				
Company Conta	ct Person:				
Phone Number: _					
Fax Number:					
Email:					_
Company Addre	ss:				
City, State, Zip:_					
Worker's Compe	ensation Insurai	nce (if w/c to be	e billed to insu	ırer):	
Name:					
Address:					
City, State, Zip:_					
Phone Number: _					_
UDS/Alcohol tes	iting required w	vith injuries?	Yes	No	
DOT	Non-DOT	Immediate Negative			
Services other th	an workers' cor	mpensation bein	g requested:_		