



2400 Ryan Street
Lake Charles, LA 70601
Phone: (337) 990-8001
Fax: (337) 240-7661

NEW CLIENT INFORMATION PROTOCOL SETUP

Company Name: _____ Todays Date: _____

Company Address: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Position at Company: _____

Cell Number: _____ Email: _____

Send reports via: Fax E-Mail Mail Other _____

Billing Information:

Billing Address: _____

Accounts Payable Contact: _____

Worker's Comp Information:

Worker's Comp Insurance Company: _____

Insurance Address: _____

Insurance Phone: _____ Policy Number: _____

Services Requested:

Physical Examination Type: _____

Breath Alcohol Test: DOT NON-DOT

Drug Screen: DOT NON-DOT Quick Screen Hair Other _____

Additional Test: Other _____

Injury Treatment:

Post-Accident Drug Screen: DOT NON-DOT Quick Screen

Post-Accident Breath Alcohol Test: DOT NON-DOT

For Office Use Only!

Clinic Location _____ Patient ID _____

Please email this information to: mfarris@lcurgentcare.com