



Office Address and Phone:  
2900 Townsgate Rd., Ste. 103  
Westlake Village, CA 91361  
Phone: (805) 379-9125

Mailing Address and Fax:  
4607 Lakeview Canyon, Box#404  
Westlake Village, CA 91361  
Fax: (805) 379-2311

**Hours M-Th 8:30AM-6:30PM, F 8:30AM-6:00PM, Sat 9:00AM-5:00PM, Sun 10:00AM-3:00PM**  
MMS/SMS/TEXT: (805)379-9125

## Occupational Health Program Company Profile

Date: \_\_\_\_\_

### Company Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Billing Email Address: \_\_\_\_\_

### Report Injury/Status To

1st Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
2nd Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_  
Does the Company have "Light/Modified Duty" Available? \_\_\_\_\_  
Drug Screen for: \_\_\_\_\_ Post Job Accident \_\_\_\_\_ Random \_\_\_\_\_ Reasonable Suspicion \_\_\_\_\_ Other

### Billing Information

For: \_\_\_\_\_ First Aid Bill, \_\_\_\_\_ Employer, \_\_\_\_\_ W/C Carrier  
  
Contact:  
W/C Carrier: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Billing Email Address: \_\_\_\_\_

### Pre-Placement Information

\_\_\_\_\_ Physical, \_\_\_\_\_ Drug Screen, \_\_\_\_\_ TB Testing: \_\_\_\_\_ PPD Skin Test, or \_\_\_\_\_ Chest X-Ray  
Physical to include? (or see attached company exam form): \_\_\_\_\_  
How would you like to receive the results of the Physical Exams?  
Special Instructions: \_\_\_\_\_