Occupational Medicine Services

Employer: _____ Phone:_____

Patient Name:_____ SSN:_____Injury Date:_____

Job Injury (Part of Body Involved):_____

Location Employee Sent for Treatment	
SALISBURY-CLINIC 628 W. Innes St. Salisbury, NC 28144 (704) 637-8040 8:00 – 8: 00 M-F 10:00 – 6:00 Sa 10:00 – 4:00 Su *7 Days a Week*	**PRO-MED REHAB** 1508 W. Innes St. Salisbury, NC 28144 (704) 630-9656 8:00 – 4:30 M - F

☐Physical	☐DOT Exam	☐Return to Work PX	☐Audiogram
☐Drug Screen	☐DOT Drug Screen	☐W/C Drug Screen	☐PPD (TB Test)
☐Breath Alcohol	☐Spirogram	☐X-Ray	☐EKG
☐ARCON	☐Special (see remarks)		

Remarks:_____

_____

_____ _____ _____ _____

Authorized Signature Position Date Time

Pro-Med Contacts for Questions			
Client Services W/C; Billing	Misty Sells Liz Hykes	704 633-4174 704 637-6852	cs@pro-med.org liz@pro-med.org