



Petersburg Medical Center

103 Fram Street; PO Box 589
Petersburg, AK 99833
Phone: 907-772-4291 Fax 907-772-3085

REQUISITION FOR OCCUPATIONAL HEALTH SERVICES

****For Drug/Alcohol Screening use separate *Request for Employer Directed Drug/Alcohol Screening form*****

Instructions:

For Lab Test – **Submit completed form by fax 907-772-9271.** PMC staff will contact you with an appointment date and time after your completed form is received.

For all others – **Call to schedule appointment. Present completed form (signed by employer) at time of check-in.**

Date: Click or tap to enter a date.

Visit Number: Click or tap here to enter text. **(PMC Use Only)**

Employee Information:

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Service Requested:

Vaccine Administration: _____ (specify)

Post-exposure (chemical) testing

PPD Test

Post-exposure (body fluid) testing

Work Physical Certification: Choose an item.

Other: Click or tap here to enter text.

Annual Prevent/Health Ins. Wellness Incentive

****Bill Insurance. Form Not Required****

Date of Appointment: Click or tap to enter a date.

Time: Click or tap here to enter text.

Forward Invoices To (Company Name): Click or tap here to enter text.

Billing Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fax: Click or tap here to enter text.

X

Approving Official Signature

X

Petersburg Medical Center Staff Signature

This form certifies that payment for services rendered will be paid by the entity listed above.