



Phone: 303-659-9700

www.advurgent.com

Brighton Location:
2801 Purcell Street
Brighton, CO 80601
7 Days A Week
8AM-10PM

Fort Lupton Location:
112 S Denver Avenue
Fort Lupton, CO 80621
7 Days A Week
10AM-10PM

Northglenn Location:
1050 W 104th Avenue
Northglenn, CO 80234
7 Days A Week
10AM-10PM

Company Data Sheet

Name of Company

Mailing Address

City

State

Zip Code

Billing Address

City

State

Zip Code

Billing Contact

Position

()

Phone Number

Email

Designated Employer Representative (DER)

()

Phone Number

Email

Name of Other Person(s) that can authorize treatment

Third Party Administrator Name (C/TPA)

()

Phone Number

()

Fax Number

Mailing Address

City

State

Zip Code

Worker's Compensation Insurance Information

Name of Insurance

()

Phone Number

Services Requested

- Pre-Employment Exams
- Physical Capability Exam
- Return to Work/ Fit for Duty
- Respirator Questionnaire Eval
- Respirator Fit Testing
- Spirometry/PFT

- Urine Drug Testing
- Hair Drug Testing
- Alcohol Testing
- Medical Review Services
- Randomization Services
- Escreer

- DOT Physicals
- Workers Compensation
- PPD Tuberculosis Testing
- Vaccinations
- Audiometry/Vision Testing

Company Name: _____

Drug and Alcohol Protocols

Please specify what services should be performed in each of the following circumstances:

Employer Utilizes: Injury Care CCF Their own CCF w/ Lab _____ Acct # _____

Escreen Client: No Yes Acct# _____

Pre-Employment:
Drug Testing: No Yes If yes, DOT Non-DOT
 Instant
Alcohol Testing: No Yes If yes, DOT Non-DOT
Add'l Notes: _____
Employer CCF sent via: Fax (_____) Email _____

Post Accident:
Drug Testing: No Yes If yes, DOT Non-DOT
 Instant
Alcohol Testing: No Yes If yes, DOT Non-DOT
Add'l Notes: _____
Employer CCF sent via: Fax (_____) Email _____

Reasonable Suspicion:
Drug Testing: No Yes If yes, DOT Non-DOT
 Instant
Alcohol Testing: No Yes If yes, DOT Non-DOT
Add'l Notes: _____
Employer CCF sent via: Fax (_____) Email _____

Random:
Drug Testing: No Yes If yes, DOT Non-DOT
 Instant
Alcohol Testing: No Yes If yes, DOT Non-DOT
Add'l Notes: _____
Employer CCF sent via: Fax (_____) Email _____

MRO Contact: _____
Name Phone Number Fax Number

DER: _____
Name Phone Number Title

DER Signature: _____ Date _____