

West Point Medical Center

Company Profile

8520 Archibald Ave. #B
Rancho Cucamonga, CA 917310
PH: (909) 481-3909
Fax: (909) 481-3963

7774 Cherry Ave
Fontana, CA 92336
PH: (909) 355-1296
Fax: (909) 355-1333

1800 Medical Center Dr.
San Bernardino, CA 92411
PH: (909) 880-6400
Fax: (909) 880-6445

Please fax or mail your completed company profile, so we can provide you with all the services you need!

Date _____

Numbers Employees _____

Name of Company _____

Contact Person(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Mailing Full Address _____ City _____ State _____ Zip Code _____

Insurance Carrier: _____

Worker's Comp Policy# _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Contact _____

Billing Address (same as above)

Full Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact _____

Accounts Payable Contact: _____

Injuries:

Is modified duty available for injury employee?	Yes	No
Do you want a drug screen performed with all injuries?	Yes	No
Do you want a breath alcohol test performed with all injuries?	Yes	No

Please specify who should be contacted for injuries:

1. _____ 2. _____
 3. _____ 4. _____
 Phone. _____ Fax. _____

We call the contact person for all injuries or for significant change in work status. If you **do not** want us to call the contact person on all injuries please circle the following: **DO NOT NEED TO CALL CONTACT PERSON ABOUT INJURIES**

Notes

Physical Exams

Do you want a drug screen performed with all physicals? _____

Do you want a breath alcohol test performed with all physicals? _____

Would you like DOT card given to a driver or mailed to you? _____

Please specify how you want to receive physical results:

Phone (____) _____ Fax(____) _____

Mail _____

Physical exam **includes** a thorough **examination** by the Provider, **Urine Dip**, and **Vision Exam**.

Please note any **additional testing** that you require?

Notes _____

Random Drug Screen / Breath Alcohol Testing Preferences (Circle One)

Drug Screen	Breath Alcohol Testing
DOT	DOT
Non-DOT - 5 panel, 7 panel, 10 panel, Urine Alcohol	Non-DOT

Designated Employer

Signature _____

Phone _____ FAX _____