

M.E.D.

Minor Emergency of Denton — URGENT CARE —

4400 Teasley Lane, Ste 200
Denton, TX 76210
M-F 8am – 10pm
Sat. 10am – 5pm
Sun. 12 noon – 5pm
minoremergencyofdenton.com

EMPLOYEE INFORMATION

Employee's name: _____

Are we treating you for a workers' comp. injury? YES / NO

Date of injury: _____

Were you exposed to any body fluids from another person during your injury? Yes / No

If YES, do you know or do you suspect the individual source to be positive for HIV or Hepatitis? YES / NO

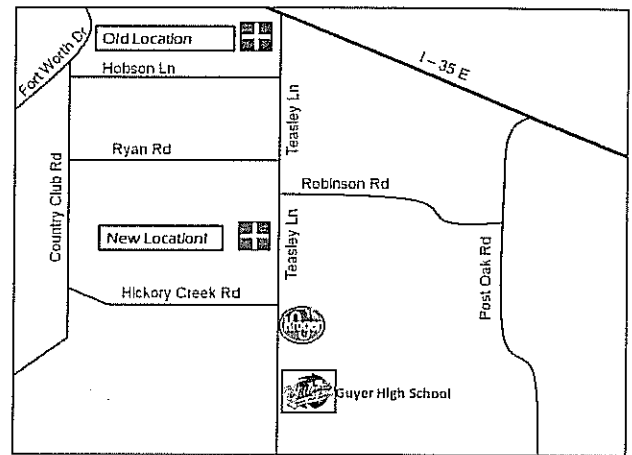
Please give a brief description of how the injury occurred.

Employee Signature: _____

Name of the Company You Work For: _____

Company Phone Number: _____

Supervisor / Manager's Name: _____



Minor Emergency of Denton Use Only

Company's Physical Address: _____

W/C Insurance Contact Information:
Ins. Name _____
Address: _____
Insurance Phone: _____
Adjuster Name: _____
Adjuster Phone: _____
Adjuster Fax: _____
Claim#: _____

Type of Coverage:

- TDI/DWC
- Network
- Non-Subscriber
 - Self-Insured
 - Uninsured

- Non-DOT Drug Screen
- DOT Drug Screen
- Drug Screen Collection
- Breath Alcohol Test
- Instant Drug Test
- Non-DOT Physical
- Physical Capacity Test
- TB Test
- Hepatitis series and/or Titer for post exposure patient
- Pre Employment
- Random
- Post Accident
- Reasonable Suspicion
- Hair Follicle Drug Test
 - collection only
- DOT Physical
- Audiogram
- Other _____

Name of Company Representative Authorizing Treatment: _____

Signature of M.E.D. Employee Taking Information: _____

Date: _____