

Note: This Form is only needed if you will go to the Medical Center of Marin Clinic.

Medical Center of Marin | Employer Notification Form



101 Casa Buena Drive | Corte Madera, CA 94925
Phone (415) 924-4525 | Fax (415) 924-8167

7428 Redwood Blvd. Suite 100 | Novato CA 94945
Phone (415) 895-5216 | Fax (415) 895-5523

Clinic Hours: Monday-Friday, 9am-6pm | Sat 10am-2pm
Drugscreen Hours: Monday-Friday, 9am-4pm | Sat 10am-11am

Please contact our office to schedule an appointment for the following services. **We are unable to render services without a completed Notification Form.** Please FAX the following form to location you prefer on the day of the patient's scheduled appointment or give to the patient to hand in at the front desk. This will ensure the paperwork is prepared accurately, the proper fees are billed, and the results are reported expeditiously. Thank you.

Employee Name: _____
Company Name: Whistlestop / Vivalon
Scheduled Appointment Date & Time: / / at : AM/PM
Reporting Method: Fax: 415-456-1581
 E-mail: HR@whistlestop.org

Please check all services you are authorizing

Physicals	Code	Check
Post Offer Physical	99450	<input type="checkbox"/>
DMV/DOT Physical	99420	<input checked="" type="checkbox"/>
Respirator Clearance Exam	PxRespB	<input type="checkbox"/>
Level 5 Physical	PxLevel5-BN	<input type="checkbox"/>

Vaccines	Code	Check
MMR Vaccine	90707	<input type="checkbox"/>
Varicella Vaccine	90716	<input type="checkbox"/>
TDaP Vaccine	90715	<input type="checkbox"/>
Hepatitis B Vaccine	90746	<input type="checkbox"/>
Flu Vaccine	90658	<input type="checkbox"/>
Pneumococcal Vaccine	90732	<input type="checkbox"/>

Titers	Code	Check
Venipuncture	36415	<input type="checkbox"/>
MMR Titer	1995	<input type="checkbox"/>
Varicella Titer	1989	<input type="checkbox"/>
Hepatitis B Titer	2929	<input type="checkbox"/>

Drug & Alcohol Testing

DOT NON-DOT

Reason for Test: Pre-Employment Random Return to Duty Follow-up Reasonable Suspicion Post Accident

Authority: FMCSA FAA FRA FTA PHMSA USCG

Drug Screen Collection (Company COC)

Drug Screen (MCoM COC)

Hair Follicle Test

Breath Alcohol Test

Miscellaneous Services	Code	Check
Tb/PPD Test	86580	<input type="checkbox"/>
Quantiferon Gold - TB blood Test	86480	<input type="checkbox"/>
Chest Xray (1V)	71045	<input type="checkbox"/>
Chest Xray (2V)	71046	<input type="checkbox"/>
Lumbar Xray (2V)	72100	<input type="checkbox"/>
Mask Fit Test	94799	<input type="checkbox"/>
Spirometry	94010	<input type="checkbox"/>
EKG	93000	<input type="checkbox"/>
Audiometry (Basic)	92552-AB	<input type="checkbox"/>
Audiometry (Extended)	92552-AE	<input type="checkbox"/>

Blood Tests	Code	Check
Venipuncture	36415	<input type="checkbox"/>
CBC	11704	<input type="checkbox"/>
CMP	12736	<input type="checkbox"/>
Blood Lead/ZPP	62621	<input type="checkbox"/>

Other Services (Please write in requested services)

Authorization

Authorized Contact: Ashley Baker

Authorized Signature: _____

Authorized Tel: Number: 415-295-0575

