



Walk-in care for minor injury and illness

1700 Kaliste Saloom Rd
Bldg 2, Ste 200
Lafayette, LA 70508
Phone: (337) 981-5085 Fax: (337) 981-5466

**NEW CLIENT INFORMATION
SERVICES REQUESTED**

Company Name: _____ Todays Date: _____

Company Address: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Position at Company: _____

Cell Number: _____ Email: _____

Send reports via: Fax E-Mail Mail Other _____

Billing Information:

Billing Address: _____

Accounts Payable Contact: _____

Worker's Comp Information:

Worker's Comp Insurance Company: _____

Insurance Address: _____

Insurance Phone: _____ Policy Number: _____

Services Requested:

Physical Examination Type: _____

Breath Alcohol Test: DOT NON-DOT

Drug Screen: DOT NON-DOT Quick Screen Hair Other _____

Additional Test: Other _____

Injury Treatment:

Post-Accident Drug Screen: DOT NON-DOT Quick Screen

Post-Accident Breath Alcohol Test: DOT NON-DOT

For Office Use Only!	
Clinic Location _____	Patient ID _____

**Please email this information to: lhunt@pheurgentcare.com
Or fax this information to: (337) 981-5466**