

Lake Regional

Occupational Medicine

Three Convenient Locations

Osage Beach

Michael E. Henze Medical Office Building (Building 5)

54 Hospital Drive, Suite 102

573-348-8045

Hours: Monday - Thursday, 7:30 a.m. to 5 p.m. Fridays, 8 a.m. to noon (no provider)

Lebanon

441 West Elm St.

417-991-3103

Hours: Monday - Thursday, 7:30 a.m. to 5 p.m. Fridays, 8 a.m. to noon (no provider)

Eldon

416 S. Maple St.

573-557-2278

Hours: Monday - Thursday, 8 a.m. to 5 p.m. Fridays, 8 a.m. to noon (no provider)

Price Quote

Pre-Employment & Coast Guard Physical (Medical History, Vitals, Vision Acuity, evaluation of head, ears, eyes, throat, lungs, heart, back, arm and legs-range of motion and general strength, skin, neurologic-reflexes of arms and legs)	\$60.00	Other Tests:	
		Audio	\$25.00
		Back & Strength Assessment	
		Flexibility	\$15.00
		Back & Leg Strength	\$25.00
		Pulmonary Function Tests	\$45.00
		Respirator Clearance	\$25.00
		Respirator Fit	
		Qualitative	\$25.00
DOT Physical Same as General Physical plus Vision: acuity and color; Hearing: whisper test; Vitals: height and weight; and urine dipstick	\$70.00	TB Skin Test	\$23.00
Bus Physical	\$50.00	Hep B Vaccine (3)	\$75/s
FAA Physical	\$100.00	Tetanus	\$28.00
Fit for Duty Physical examination to determine if employee is capable to return to work	\$60.00	Administration for Vaccines/IMM	\$15.00
		Charged to direct pays only when no physical is added, added to all injuries	

Substance Abuse Testing			
Urine Testing			
Instant (Shows + or – right away for which drug, but will not show a level)			
Instant 5	Tests for marijuana, methamphetamines, opiates, amphetamines, and cocaine		\$20.00
Instant 10	Tests for above plus benzodiazepines, barbiturates, methadone, PCP, TCA		\$20.00
Refusal Testing-Donor presented for drug screen, however left after collection process began, without giving valid specimen			\$15.00
Collection Only (This is if you supply your own chain of custody, supplies, etc.)			
DOT Collection Only			\$15.00
NonDOT Collection Only			\$15.00
Lab Send-out Testing (Using our chain of custody and sent to lab for verification and shows levels)			
Non DOT Panel of 5 Tests for marijuana, PCP, opiates, amphetamines, and cocaine			\$48.00
Non DOT Panel of 10 Tests for above plus benzodiazepines, barbiturates, methadone, oxycodone and propoxyphene			\$50.00
Federal (HHS, NRC, or any DOT Agency)			\$50.00
Hair Testing			
Collection Only			\$20.00
Lab Send-out Testing			\$100.00
Alcohol Testing			
Breath Alcohol Test			\$25.00
Breath Alcohol Confirmation (tested if original BAT is >.20)			\$25.00

MRO Fees	An MRO reviews drug screen results and confirms if it is a true positive or if medications have artificially caused a positive result (employer must ask for MRO services, can request MRO services on ONLY positive tests for NonDOT drug screens)		
Negative DSO	\$15.00	Positive DSO	\$50.00
Additional charges for split specimens will apply based on our cost.			

Company Profile 1

Company Name:		Email:			
Mailing Address:					
Contact Name:		Phone:		Ext	Fax:
Company Industry Type:					
Billing Address for Workman's Compensation Insurance Company					
Name:		Do you want Work Comp bills to automatically go to Insurance company?			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:					
Contact Name:		Phone:		Ext	Fax
					Email
Light Duty Available?			Other Necessary Information:		

Drug Screening Information					
Drug Screen Contact Person:		Phone		Ext.	Fax:
					Email:
Drug Screen Billing Address					
Drug Screen on all post-accident injuries?		Post Accident BAT?		Pre-Employment Drug Screens?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Profile 2

Types of Substance Abuse Testing	Pre-Employment	Post-Accident	Random/For Cause
Onsite Testing (results within 5 minutes)			
Instant Panel 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Panel 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If instant is positive, do you want a send out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (recommended)	<input type="checkbox"/> Yes <input type="checkbox"/> No (recommended)
Breath Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Testing (results within 3 days)			
Panel of 5 Send Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel of 10 Send Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal (DOT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Follicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have its own chain of custody forms?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What lab do they use?			
Do you want to use our forms?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the company setup with a MRO		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, do you want to use Dr. Abbott as MRO?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the company's drug test policy on file?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like a sample copy of a drug test policy		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Physicals for your Employees			
Pre-Employment Physicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fit for Duty (Return to Work)	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Pre-Employment Physicals would you be interested in:	Back Strengthening <input type="checkbox"/> Yes <input type="checkbox"/> No	Back Flexibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOT Physicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bus Physicals	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Services			
Audiograms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spirometry	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Audiograms does your company have a prior baseline for comparison?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Medical Clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory Fit Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Authorization

I give permission for treatment of the above employee. By giving permission, I understand I will be financially liable for the first evaluation whether the claim is found to be work-related or non-work related.

Please Bring Photo Identification

Date _____

Employee Name _____ SSN _____ DOB _____

Company Name _____

Name of Person Authorizing Services _____ Phone # _____

Federal (DOT) Testing

- Urine Breath Alcohol (BAT)

Non-Federal Testing

- Instant 5 Panel of 5 Send out
 Instant 10 Panel of 10 Send out
 Hair BAT

Reason for Testing

- Random Pre-Employment
 Post Accident Follow-up
 Retest Reasonable Suspicion

Worker's Comp Treatment & Evaluation

Date of Injury (required) _____

Physicals

- Pre-Employment Return to Work Lead
 Hazwopper Asbestos Fit For Duty
 DOT Bus FAA
 Coast Guard
 Respirator Questionnaire/Medical Clearance

Other Testing Needed

- Hepatitis Vacc/Titer Audiogram
 TB Test Back Screen
 Tetanus Resp. Fit Test
 Pulmonary Function Test Mercury Urine
 Lead Profile Zinc

Additional Notes/Special Requests: _____
