

# Treatment Form



## EMPLOYER & EMPLOYEE INFORMATION

**EMPLOYER:**

**EMPLOYEE / APPLICANT:**

**AUTHORIZED BY:** 
**EXPIRATION DATE:**

## SERVICES REQUIRED:

### EXAMINATIONS & TESTING

Pre-employment Physical   
**Self Pay - Amount is due at the time of service**

2-Step TB Skin Test   
*Return within 1-3 weeks from 1st TB Read to finish the process\**

**Self Pay - Amount is due at the time of service**

X-Ray (1 view) (TB Screening)   
 Documentation of a positive result is required

**Self Pay - Amount is due at the time of service**

Hep B Surface Ab Qualitative Titer (Lab Test Code: 006395)   
**Self Pay - Amount is due at the time of service**

Varicella Ab, IgG Titer (Lab Test Code: 096206)   
**Self Pay - Amount is due at the time of service**

MMR Titer (Lab Test Code: 058495)   
**Self Pay - Amount is due at the time of service**

### DRUG TESTING TYPE

12 Panel Rapid (With Non-DOT Chain of Custody)   
**Self Pay - Amount is due at the time of service**

### DRUG TESTING REASON FOR TEST

Pre-employment

### VACCINATIONS & INJECTIONS

Tdap   
**Self Pay - Amount is due at the time of service**

Hep B (series of 3)   
**Self Pay - Amount is due at the time of service**

Varicella   
**Self Pay - Amount is due at the time of service**

MMR   
**Self Pay - Amount is due at the time of service**

## INSTRUCTIONS FOR CONVENIENTMD TEAM FOR SELF-PAY SERVICES:

- Amount is due at the time of service - follow company protocol to determine the price
- Select 'Employer Paid Service' as Visit Type
- Enter 'Manchester Community College' as the Employer

## RESULTS

ConvenientMD Staff: Please verify account protocol on the Occupational Health Directory

**Date of Service:** 
**Patient ID:**

**Clinic Location:**

Pending/CCF Sent out  Pass/Negative  \_\_\_\_\_ (Initials)  
 12 Panel Rapid Drug Screen  
 When results are negative attach DocuTAP Printout\*

**STOP** If requested and not completed, select reason below:  
 Outside of hours  Unable to provide sample  Other \_\_\_\_\_

Pending  Pass  Fail  \_\_\_\_\_ (Initials)  
 Pre-Employment Physical

Pending  1st Read  Pending  2nd Read  \_\_\_\_\_ (Initials)  
 2-Step TB Skin Test  
 Please send Read/ Plant to employer per Occ Health Directory\*

Normal  Abnormal  \_\_\_\_\_ (Initials)  
 X-Ray (1 view) (TB Screening)  
 Attach Teleradiology Report\* Comments: \_\_\_\_\_

### UPON CMD EVALUATION: VACCINATIONS & INJECTIONS

Based on Vaccination history and the results of the titers. **If patient did not provide Vaccination history proceed to draw titers**

Pending  Immunity Verified\*  \_\_\_\_\_ (Initials)  
 MMR Titer  
 Pending  Immunity Verified\*  \_\_\_\_\_ (Initials)  
 Varicella Titer  
 Pending  Immunity Verified\*  \_\_\_\_\_ (Initials)  
 Hep B Titer

Attach Immunization Records if Applicable\*

Administered  \_\_\_\_\_ (Initials)  
 MMR (Vaccine)  
 Administered  \_\_\_\_\_ (Initials)  
 Varicella (Vaccine)  
 Administered  \_\_\_\_\_ (Initials)  
 Tdap (Vaccine)

Attach Immunization Consent Form\*

1st Dose  2nd Dose  3rd Dose  \_\_\_\_\_ (Initials)  
 Hep B (Vaccine series of 3)  
 Attach Immunization Consent Form\*

Comments