

**NEW COMPANY PROFILE FORM**  
**FOR:**  
**TUSTIN-IRVINE MEDICAL GROUP**  
**EAST EDINGER INDUSTRIAL URGENT CARE**

*Staffed & Open 24 Hours/ 7 Days a Week  
for Work Injury Care and Drug Testing!*

**Your Company Information:**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

(                      )  
Area Code                      Phone Number

(                      )  
Area Code                      Fax Number

\_\_\_\_\_  
Number of Employees                      \_\_\_\_\_  
Number of Shifts

\_\_\_\_\_  
Hours & Days of Operation

\_\_\_\_\_  
Type of Business

**Workers' Comp Insurance:**

\_\_\_\_\_  
Worker's Comp Carrier

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

(                      )  
Area Code                      Phone Number

\_\_\_\_\_  
Policy Number                      Effective Dates

**Your Authorized Company Contacts:**

1. \_\_\_\_\_  
Name

(                      )  
Area Code                      Phone

(                      )  
Area Code                      Fax

2. \_\_\_\_\_  
Name

(                      )  
Area Code                      Phone

(                      )  
Area Code                      Fax Number

**Medical Services Required:**

- Physicals:**
  - Pre-placement
  - DOT (New Hire/Annual)
- Drug Screening:**
  - Use Tustin-Irvine Medical Group lab/forms
  - Use employer lab/forms (Lab name: \_\_\_\_\_)
    - Pre-placement
    - Post-Accident
    - DOT (New Hire/Annual/Random/Post-Accident)
- Additional Services:**
  - \_\_\_\_\_

**Special Instructions:**

- Call Medical Status to: \_\_\_\_\_
- Mail     Fax - work status/1<sup>st</sup> reports to: \_\_\_\_\_
- Company will pay First Aid:     Yes     No
- Call physical and/or drug screen results to: \_\_\_\_\_
- Is voice mail OK?                       Yes     No
- Additional Instructions: \_\_\_\_\_

**To designate Tustin Irvine Medical Group or  
East Edinger Industrial Urgent Care  
as your work injury treatment facility  
Complete this form and fax to our  
Employer Liaison, Sonia McGlenn:  
PHONE: (949) 206-9100, ext 229  
FAX (949) 206-1648**

**We'll call you to confirm receipt and set up your account.**