



Occupational Medicine: New Company Information Form

2375 GAUSE BLVD. EAST  
SLIDELL, LA 70461

**Phone:** 985-645-9000  
**Fax:** 985-645-9064  
**Hours: M-F 8AM – 8PM S-S 9AM – 5PM**  
**Email:** slidellma@pelicanuc.net

63025 WEST END BLVD  
SLIDELL, LA 70461

**Phone:** 985-607-6400  
**Fax:** 985-607-6410  
**Hours: M-F 9AM – 7PM S-S 9AM – 5PM**  
**Email:** westendblvd@pelicanuc.com

1839 COOPER RD STE 100  
PICAYUNE, MS 39466

**Phone:** 769-242-1700  
**Fax:** 769-242-2148  
**Hours: M-F 8AM – 6PM S-S 9AM – 5PM**  
**Email:** nurse@pelicanuc.net

**Billing Information:**

Billing Contact:

Billing Address:

City:  State:  Zip:  Phone:

Fax:  Email invoices?  Yes  No Email for Invoice:

**Account Services:**

Main Contact for Urgent Service Related Questions:

Office Phone:  Cell Phone:  Email:

**Services Needed:**

**Services Needed:**

DOT-CDL  DOT-USSCG  Non-DOT Routine  Crane Operator  Return to Duty

**Services Needed:**

DOT DS (Pelican as MRO)  Non-Dot DS (Pelican as MRO)  Rapid Screen-5 panel  Rapid Screen-10 panel

DS Collection Only LAB:   DOT Breath Alcohol  Non-DOT Breath Alcohol

Hair Sample

**OCC Med Services:**

L-Spine  Chest X-Ray  Audio  Pulmonary Function Test

Other:

Agility Test  Vision Test  EKG  TB Skin Test  Vaccinations  Lab Testing

**Results:**

How would you like results sent to you?  Fax  Email

**If Fax:** Fax Recipient:  Fax #:

**If Email:** Email Address:

**Worker's Comp. Information:**

Company Name:

Address:

City:  State:  Zip:

Phone:  Fax: