

Mark P. Davis, M.D.
 Medical Director
 Board Certified Emergency Medicine
 Cameron S. Hoffman, FNP-BC
 Board Certified – Family Practice
 Claudia Holsing
 Office Manager

Virginia Medical Acute Care

VMAC

“Where Medicine Takes Care of Business”



Work Injuries: Monday-Friday 8 a.m. – 5:30 p.m.

Drug Screens 8am – 4:45pm / Physicals: Monday – Friday 8 a.m. – 5 p.m.

EMPLOYER INFORMATION

(Informacion del Empleador)

COMPANY: _____ DATE: _____

SUB ADDRESS: _____ SUPERVISOR NAME & PHONE#: _____

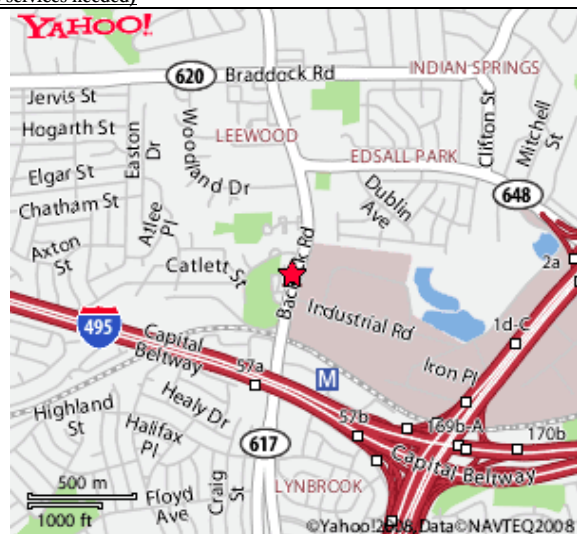
PICTURE ID SERVICES AUTHORIZED BY: _____

EMPLOYER CONFIRM ID

SERVICES

(Please check the services needed)

- INJURY EVALUATION
- DOT PHYSICALS
 - WITH DOT DRUG TEST
 - WITHOUT DOT DRUG TEST
- OTHER PHYSICALS
 - PRE-EMPLOYMENT
 - RESP/SPIR/PHYSICAL
 - OSHA QUESTIONNAIRE
 - OTHER _____
- DOT DRUG SCREEN
 - POST ACCIDENT
 - PRE-EMPLOYMENT
 - RANDOM
 - REASONABLE SUSPICION
- NON-DOT DRUG SCREEN
 - POST ACCIDENT
 - PRE-EMPLOYMENT
 - RANDOM
 - REASONABLE SUSPICION
 - RAPID DRUG SCREEN
- COLLECTION ONLY DRUG SCREEN
- MRO DR. DAVIS
- BREATH ALCOHOL TEST-DOT
- BREATH ALCOHOL TEST-NONDOT
- MISCELLANEOUS / VACCINES
 - TETANUS or TDAP (Circle one)
 - SPIROMETRY
 - TWINRIX (HepA&B)
 - OTHER _____



*495 to Braddock Road East (2.6 miles) then right onto Backlick Road (.7 miles) to 5501 Backlick Road on the left.
 *395 to Edsall Road West then left onto Backlick Road (.3 miles) to 5501 Backlick Road on the left.

EMPLOYEE INFORMATION

(Informacion del Empleado)

EMPLOYEE NAME: _____ DATE OF BIRTH: ____/____/____
(NOMBRE EMPLEADO) (FECHA DEL NACIMIENTO)

ADDRESS: _____ SSN: _____
(DIRECCION)

CELL PHONE: _____ HOME PHONE: _____ WORK PHONE: _____
(CELULAR) (TELEFONO CASA) (TELEFONO TRABAJO)

EMERGENCY CONTACT: _____ PHONE: _____
(CONTACTO EN CASO DE EMERGENCIA) (TELEFONO)

SIGNATURE: _____ DATE: _____
(FIRMA) (FECHA)

VMAC WITNESS/FRONT DESK INITIALS: _____

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