

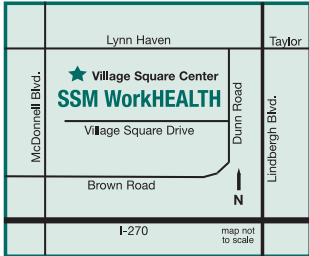


SSM WorkHealth

A Service of SSM Rehabilitation Hospital

Monday – Friday • 8:00 a.m. to 5:00 p.m.

In the event of a work-related injury or illness, contact:



SSM WorkHEALTH

1 Village Square Center, Ste. A
Hazelwood, MO 63042
314-731-WORK (9675)



SSM WorkHEALTH

300 St. Peters Centre Blvd.,
Ste. 150
St. Peters, MO 63376
636-928-WORK (9675)



SSM WorkHEALTH

2321 B McCausland Ave.
St. Louis, MO 63143
314-645-WORK (9675)

After hours, contact the
Emergency Department at:

SSM DePaul Health Center

12303 DePaul Drive • Bridgeton, MO 63044
314-344-6360

SSM St. Clare Health Center

1015 Bowles Avenue • Fenton, MO 63026
636-496-2100

SSM St. Joseph Health Center

300 First Capitol Drive • St. Charles, MO 63301
636-947-5111

SSM St. Joseph Health Center-Wentzville

500 Medical Drive • Wentzville, MO 63385
636-327-1101

SSM St. Joseph Hospital West

100 Medical Plaza Lake • St. Louis, Mo 63367
636-625-5300

SSM St. Mary's Health Center

6420 Clayton Road • St. Louis, MO 63117
314-768-8360

www.ssmworkhealth.com



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REQUEST FOR MEDICAL SERVICES/TREATMENT

Patient Name _____

Company Name & Location _____

Work Injury

Date of Injury _____

Affected body part(s) _____

Job Description Available? Y N

Transitional Work Available? Y N

Drug Testing

- DOT Non-DOT
 - New-Hire
 - Random
 - Reasonable Suspicion
 - Post Accident/Injury/Incident
 - Return-to-Duty
 - Follow Up

- 5 Panel Collection Only
- 10 Panel Hair
- Instant Drug Test (1 hr. results)

Physical Exam

- DOT
 - New-Hire Recertification
- Non-DOT
 - Purpose, e.g. New Hire, HazMat, Respirator Clearance, etc. _____
 - _____
 - _____

Breath Alcohol Testing

- DOT Non-DOT
 - New-Hire
 - Random
 - Reasonable Suspicion
 - Post Accident/Injury/Incident
 - Return-to-Duty
 - Follow Up

Exam Options

- Vision
- Audiogram
- Urine dip
- Spirometry
- Bloodwork _____
- Physical Ability Test
- Other _____

Billing

- Workers' Comp Carrier has changed
Please call SSM WorkHealth with current carrier, billing address, policy #, effective dates, phone and contact.
- Employee Pays

Special Instructions/Comments _____

Authorized by (Print) _____ (Sign) _____

Phone _____ Date _____