



**Occupational
Medicine
Services**

Bethesda Care Arrow Springs
Phone: 513-282-7075
Fax: 513-282-7076

Bethesda Care Butler County
Phone: 513-874-3990
Fax: 513-860-5071

Bethesda Care Eastgate
Phone: 513-752-3695
Fax: 513-752-3039

Bethesda Care Norwood
Phone: 513-731-3399
Fax: 513-731-2882

Bethesda Care Queensgate
Phone: 513-241-4135
Fax: 513-241-6510

Bethesda Care Sharonville
Phone: 513-563-1505
Fax: 513-769-4776

Good Samaritan
Phone: 513-862-2875
Fax: 513-862-2860

OCCUPATIONAL MEDICINE SERVICES

PATIENT REGISTRATION

* DOT TESTING ONLY *

(i.e. No other clinical services provided apart from specimen collection)

NAME: _____
(First Name) (Middle Initial) (Last Name) (Jr, Sr, II, etc.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____

BIRTH DATE: ____ / ____ / ____ AGE: _____

HOME PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____

SEX: MALE FEMALE

COMPANY REQUESTING SERVICES: _____

COMPANY ADDRESS: _____

REASON FOR TODAY'S VISIT: _____

ID CONFIRMED:
<input type="checkbox"/> PHOTO ID

- Please inform the staff of any special needs you may have during the specimen collection process.
- The Center will not be responsible for loss of or damages to your personal property while you are present at the Center.
- Consent for specimen collection and the release of information related to DOT Drug & Alcohol Testing results are covered through separate federally-mandated processes.