



MEDICAL CENTRE OF CONYERS

STEPHEN FELTON M.D.

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Phone: 770-922-9222 Fax: 770-504-6318

Date:

Authorized By:

Employer:

Division:

Phone:

Employee Name:

SSN:

Job Description:

Employee Phone:

WORK RELATED:

Injury

Illness

*****CLAIM # REQUIRED WITHIN 30 DAYS OR COMPANY REQUIRED TO PAY THE BILL IN FULL**

Care to our employee under the workers compensation act

Initial Evaluation Only

Call **BEFORE** or **AFTER** Employee Evaluation

FIRST AID ASSESMENT ONLY

Bill/Invoice will be paid by the company (MCOC will call if this needs to be a W/C Case)

PHYSICAL EXAMINATIONS

Respirator Fit

Pre-Placement

Return to Work

DOT Pre-Placement

Covid Test

DOT Recertification

Other:

DRUG SCREENING

Rapid Test 5 Panel - Alere/Escren

Rapid Test 9 Panel - Alere/Escren

Rapid Test 10 Panel - Alere/Escren

Urine Collection Only

DOT Regulated (NIDA)

Non-regulated sent to outside lab Breath Alcohol

Breath Alcohol

Hair Specimen Collection

NO DRUG SCREEN REQUIRED

Supervisor
Initials

***Reason for Drug Screen:

DIRECTIONS

Google Maps



Apple Maps



Waze Maps

