

Parkview Occupational Health Client Request Form

Company Name:						
Contact Name:						
Contact Phone:		Contact Email:				
you need to <u>reques</u>	st an appoin	<u>tment</u> comple	te all inform	 na	tion below:	
Patient Name	:				Date of Birth:	
Desired Clinic:	o Fort Wayne Central (Hobson Rd.)			0	Fort Wayne North (New	Vision Dr.)
	o Fort Way	o Fort Wayne South (Airport Dr.)			Columbia City	
	o DeKalb	o DeKalb			Huntington	
	o Kendally	o Kendallville			LaGrange	
	o Wabash	o Wabash			Warsaw	
	o Bryan, C	o Bryan, OH				
1st Choice Date & Tin	Date & Time: 2 nd Choice				Date & Time:	
we will schedule the next av	me with my	closest to your requ		. If	your selected dates and/or tim	nes or unavailable,
appointment date a You must confirm your a once proposed date/time is	appointment time	ntment time		-	o Email	
Services Needed	:					
his is not an authoriz	 ation. Please	send a Parkvi	ew custom at	uth	norization with employe	ee to their visi
ill contact you to con						
f you are <u>missing pa</u>	atient result	s complete al	l informatio	 n	below:	
Patient Name:					Date of Birth:	
Clinic Visited:						
see list of clinics above						
Results Needed:						
Send results via:	o Fax	o E	mail		o port	al o follow protocol

Send completed form to POHC.CustomerService@parkview.com.

Questions/Need a custom authorization? Call 260-373-9300 or email ParkviewOccupationalHealth@parkview.com