IOWA HEALTH CARE

UI Occupational Health Locations
2591 Holiday Road *269 N 1st Ave*
Coralville, IA 52241 *Iowa City, IA 52245*
319-356-3335 ***Tel*** *319-339-3921* ***Tel***
319-467-7181 ***Fax*** *319-339-3858* ***Fax***
occhealth@uiowa.edu

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PATIENT INFORMATION	**DOB:**	**PHONE:**
PATIENT NAME:	**DOI:**	**2ND PHONE:**
ADDRESS:	**CITY:**	**STATE:** / **ZIP CODE:**
INJURY TYPE:	**BODY PART:**	**PHONE:** X
EMPLOYER NAME:		**FAX:**
ADDRESS:	**CITY:**	**STATE:** / **ZIP: CODE:**
EMPLOYER CONTACT:		**EMAL:**

CASE MANAGER INFORMATION		**PHONE:** X
CM COMPANY:	**CELL PHONE:**	**FAX:**
ADDRESS:	**CITY:**	**STATE:** / **ZIP: CODE:**
CM NAME:		**CM EMAIL:**

INSURANCE INFORMATION	**CLAIM#:**	**PHONE:** X
WC INSURER NAME:		**FAX:**
ADDRESS:	**CITY:**	**STATE:** / **ZIP: CODE:**
WC ADJ NAME:		**ADJ EMAIL:**

ATTORNEY INFORMATION	**PLAINTIFF:** ☐ **DEFENDANT:** ☐	**PHONE:** X
LITIGATED CASE #:	**LITIGATED DATE:**	**FAX:**
LAW FIRM:		
ADDRESS:	**CITY:**	**STATE:** / **ZIP: CODE:**
ATTORNEY NAME:		**ATTY EMAIL:**

REFERRAL INFORMATION		**PHONE:**
REF OFFICE:		**FAX:**
ADDRESS:	**CITY:**	**STATE:** / **ZIP: CODE:**
REF MD NAME:		**REF EMAIL:**

VISIT AUTHORIZED: **YES:** ☐ **NO:** ☐ **VISIT AUTHORIZED BY:**

VISIT TYPES: **EVALUATION & TREAT:** ☐ **CONSULT ONLY:** ☐ **2ND OPINION:** ☐ **CAUSATION:** ☐ **IME:** ☐ **IR:** ☐

BILL SENT TO: **EMPLOYER:** ☐ **LAW FIRM:** ☐ **WC CARRIER:** ☐ **OTHER:** ☐

OUR TAX ID: 42-6004813

Records can be sent via Fax 319-467-7181 or email occhealth@uiowa.edu