



4135 Pennsylvania Avenue • Dubuque, IA 52002 • 563-583-3408 • Fax 563-265-5789
 1690 Elm St. Suite 230 • Dubuque, IA 52001 • 563-583-4003 • Fax 563-265-5789

Company Profile

Date _____

Company Name _____

Address _____

Phone _____ Fax _____

Contact Name _____ Title _____

Email _____

Work Comp. Insurance Provider _____

Insurance Provider Address _____

Insurance Provider Phone _____ Fax _____

Company Doctor or Preferred Clinic _____

Where do we send the invoices? ___ Company ___ Insurance

Requested Services: Pre-Hire ___ Incumbent ___ Post Injury ___ Drug Screening ___ JTA ___

For Isokinetic *Pre-Hire* and *Incumbent* testing requests only:

Job Classification	Dept. of Labor Strength Category

Other comments: _____

**Unified Therapy Health Services will submit charges to the workers comp. insurance. The employer will receive a copy of the PT notes bi weekly, weekly attendance reports, and Isokinetic joint comparisons as needed. These items will be sent to email listed above.*