

RADIOLOGIC ASSOCIATES OF FREDERICKSBURG/MEDICAL IMAGING MANAGEMENT

LOCATIONS FOR OBTAINING OCCUPATIONAL HEALTHCARE SERVICES

CALL 911 FOR ANY LIFE-THREATENING INJURY

Employee/Provider	Location of Work	Location of Occupational Health Services			
		During Business Hours		After Hours/Weekends	
		Injury	**Exposure	Injury	**Exposure
Employees/Providers	ICW	Urgent Care	ER	Urgent Care	ER
Employees/Providers	MIF	Urgent Care	ER	Urgent Care	ER
Employees/Providers	MILH	Urgent Care	ER	Urgent Care	ER
Employees/Providers	MINS	Urgent Care	ER	Urgent Care	ER
Employees/Providers	MWHC	Urgent Care	ER	Urgent Care	ER
Employees/Providers	RAF	Urgent Care	ER	Urgent Care	ER
Employees/Providers	SH	Urgent Care	ER	Urgent Care	ER
Employees/Providers	VIVA	Urgent Care	ER	Urgent Care	ER

***Exposure is any unprotected contact with blood or bodily fluid.*

***Please go to the ER for all exposures. The ER can perform stat labs & administer PEP medication if needed. Urgent Care cannot perform stat labs required prior to prescribing PEP medication nor do they stock PEP medication.*

URGENT CARE FACILITIES

<p><u>PrimeCare</u> 9763 Courthouse Road Spotsylvania, VA 22553 Hours: Urgent Care M-F 8am-8pm Sat-Sun 9am-4pm Phone (540) 786-1200 Fax (540) 786-3195</p>	<p><u>PrimeCare</u> 2511 Salem Church Road Fredericksburg, VA 22407 Hours: Urgent Care M-F 8am-6pm Phone (540) 786-1200 Fax (540) 786-3195</p>
<p><u>Patient First</u> 60 Prosperity Lane Stafford, VA 22556-4605 Hours: Urgent Care 8 am to 10 pm <i>Every day, including weekends and holidays</i> Phone (540) 658-2811 Fax (540) 658-2812</p>	<p><u>Patient First</u> 3031 Plank Road Fredericksburg, VA 22401-4951 Hours: Urgent Care 8 am to 10 pm <i>Every day, including weekends and holidays</i> Phone (540) 736-5043 Fax (540) 736-5044</p>

EMERGENCY DEPARTMENT FACILITIES (ER)

<p><u>Mary Washington Hospital ER</u> 1001 Sam Perry Blvd Fredericksburg, VA 22401 Phone (540) 741-1100</p>	<p><u>Stafford Hospital ER</u> 101 Hospital Center Blvd Stafford, VA 22554 Phone (540) 741-9000</p>
<p><u>Emergency & Outpatient Center - Lee's Hill</u> 10401 Spotsylvania Ave, Suite 103 Fredericksburg, VA 22408 Phone (540)741-0555</p>	

Updated: Feb. 2017



2511 Salem Church Road
Fredericksburg, Virginia 22407
Weekdays 8a-6p
Weekends 9a-7p (Pediatrics Only)

9763 Courthouse Road
Spotsylvania, Virginia 22553
Weekdays 8a-8p
Weekends 9a-4p

Joseph Marietta, MD
Clifton Sheets, MD
Karl Lagally, DO
Lisa King, MD
Robert Glasgow, PA-C
Christie Meek, PA-C
Julie Hirokawa, PA-C
Sheila Gent, NP-C
Holly Morgan, NP-C
Darin Updyke, PA-C
A. Rose Rutherford, PA-C

PHONE: 540.786.1200

FAX: 540.786.3195

www.virginiaprimecare.com

MEDICAL IMAGING MANAGEMENT(MIM) SERVICES AUTHORIZATION

Employee Name: _____ **Date:** _____

MIM Office Location (circle): **MIM (VIVA/MINS/Admin)** **RAF (Providers)**

Authorized By: _____

Services Requested:

- Immunization – Influenza**
- Immunization – Tdap**
- Immunization – Hepatitis B Series**
- Laboratory – PPD Skin Test**
- Laboratory – 10 Panel Drug Screening**
- Laboratory – Titers – Hepatitis B Immunize if needed? Yes No**
- Laboratory – Titers – Other:**
- Worker’s Compensation Treatment**
- Occupational Exposure Evaluation and Management**
- Other:** _____

Employee Acknowledgement:

I understand I must present a valid picture identification card at the time of arrival at Prime Care. Failure to do so may result in non-completion of testing and/or treatment. I hereby authorize the release of healthcare information to my employer, Medical Imaging Management, LLC, specifically regarding the services listed above.

Employee Signature: _____ **Date:** _____

Authorization for Examination or Treatment



Please check off services needed for your employee's visit.

Patient Information:

Company Name:	Date of Birth:	I.C. #:
Patient Name:	SS#:	

Work Related:

<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	Date of Injury _____
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Physical Examination:

DOT: <input type="checkbox"/> Pre-employment	<input type="checkbox"/> Recertification	NON-DOT: <input type="checkbox"/> Pre-employment
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Substance Abuse Testing:

Urine Drug Screens:

- DOT (5-panel)
- Non-DOT (10-panel)
- Instant Drug Screen (5-panel)

Alcohol Screens:

- Breath test (EBT)
- Blood test

Special Procedures:

- PPD Placement
- Chest X-ray
- Hepatitis B
- Flu vaccination
- Other _____

Special Instruction /Comments

Authorization:

Phone:	Date:
Printed Name:	Signature: