

TRANSMISSION VERIFICATION REPORT

TIME : 07/07/2021 08:39
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	07/07 08:36
FAX NO./NAME	9180026228639741319
DURATION	00:03:10
PAGE(S)	07
RESULT	OK
MODE	STANDARD



OCCU-MED

Appointment Notification - Shannon DeRamus

Examinee Details

Name: Shannon DeRamus
DOB: 12/17/1994
Employer: Vectrus
Job Class: ADPE TECHNICIAN I
Exam Type: Occu-VAX Stateside
(Afghanistan)

Appointment Details

7/6/2021 at 1:30 PM

*Please call with any questions or
concerns with this appointment*

Clinic Information

Auburn University Montgomery
7461 East Drive
Moore Hall
Montgomery, AL 36117
United States
(334) 244-3281
(334) 244-3396

Submission Instructions

**Please fax or email results immediately
to:**

Email: harvesting@occu-med.com
Fax: (800) 262-2863

Billing Instructions

ATTN: Accounts Payable
Occu-Med
2121 W. Bullard Ave
Fresno, CA 93711 USA
Phone: (559) 435-2800 x269
Fax: (559) 435-2520
Email: finance@occu-med.com

Additional Notes

Shannon DeRamus is scheduled for an immunization appointment on Tuesday, July 6, 2021 at 1:30 PM. Included with this fax is an authorization of services to be provided to this applicant on our behalf. If you have any questions, please feel free to contact me.

If you have any issues please contact Occu-Med at (559) 435-2800.

Thank you,

Reagan Johnson

Confidentiality Notice

The documents accompanying this fax transmission contain confidential information. This information is intended only for the use of the individual(s) named above. If you are not the intended recipient or the employee or agent responsible to deliver this fax to the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is not permissible. If you have received this fax in error, immediately notify Occu-Med at the number listed above to arrange for return of the documents. Thank you.



OCCU-MED

Social Security Number xxx-xx-2528

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject	<u>DeRamus, Shannon</u>	<u>12/17/1994</u>
	Last Name First Name Middle Initial	Birthday or Age

Address	<u>3009 North Rick Drive Montgomery, Alabama</u>	<u>(334) 328-4441</u>
	Street, City and State	Telephone Number

I, the undersigned, hereby authorize Warhawk Health Services @ AUM
 Health Care or Health Services Provider

To provide from my medical record the information specified below to Occu-Med, Medical Director,
2121 West Bullard Ave, Fresno, CA 93711 and

 Name of Any Duly Authorized Representative(s)

for the purpose of evaluating health status in relation to specific essential job requirements.

I further authorize Occu-Med to provide this information from my medical record to duly authorized representatives of my employer, if requested.

The information supplied is to be restricted to immunization related
to work and/or _____
 Medical Condition or Injury Specified Time Period to be Covered

and/or _____
 Other Type of Information Specified

Release or transfer of the specified information to any person or entity not specified herein is prohibited.
 An additional written consent must be obtained for a proposed new use of the information or for its
 transfer to any person or entity.

This authorization shall be valid until _____

Signature	<u>[Signature]</u>	Date	<u>7/6/2021</u>
	xxx-xx-2528		
	Social Security Number		Date

or _____
 Personal Representative Date



Authorization for Immunization Services

2121 West Bullard Ave, Fresno, CA T:(559) 435-2800 F:(800) 262-2863

OCCU-MED

Applicant Name

Shannon DeRamus

Employer

Vectrus

Clinic Information

Auburn University Montgomery
7461 East Drive, Moore Hall
Montgomery, AL 36117, United States
Phone: (334) 244-3281
Fax: (334) 244-3396

Social Security Number

xxx-xx-2528

Job Class

ADPE TECHNICIAN I

Date of Birth

12/17/1994

Exam Type

Occu-VAX Stateside (Afghanistan)

Appointment Date/Time

7/6/2021 at 1:30 PM

Requested Immunizations

Administration of Immunizations should be restricted to the Immunizations listed below:

Immunization Name	Lot Number	Dose	Initials	Date Given
✓ Tetanus-Diphtheria and Pertussis (TDAP)	579HL	0.5ml	WJS	7/6/2021
✓ Hepatitis A & B Combination (Twinrix)	347NL	1ml	WJS	7/6/2021
✓ MMR (Measles, Mumps & Rubella)	T013724	0.5ml	WJS	7/6/2021

Administration of immunizations and/or titers not specified above is **NOT AUTHORIZED**. An additional Immunization Authorization must be obtained prior to the administration of any immunizations not specified above.

- Occu-Med will not authorize or cover the cost of Rapid Schedule Twinrix.
- All follow-up immunizations are the responsibility of the patient unless explicitly authorized by Occu-Med in writing.

This authorization shall be valid until 7/20/2021

Once the immunizations requested have been administered, please insert the lot numbers, dosage, initials of medical personnel administering vaccines, and date vaccine given on this form and fax to Occu-Med at (800) 262-2863. This documentation will be utilized during the review of invoices and must include lot number, date of service, site of administration and immunization administered. Payment will not be submitted without such documentation.

Should the patient request any immunizations not authorized through this document, it is vital that they be informed that

Submission Instructions

- Please call (559) 435-2800 x270 with any questions regarding the testing requested on this authorization
- Immediately fax results to (800) 262-2863 upon completion or alternatively email results to harvesting@occu-med.com

Created 7/1/2021 2:01:00 PM by heagan.kristen@occu-med.com

Bill Exam To

Occu-Med
Attn: Accounts Payable
2121 West Bullard Ave
Fresno, CA 93711
T: (559) 435-2800 x269
F: (559) 435-2520

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 1659
DESTINATION ADDRESS 918002622863
SUBADDRESS
DESTINATION ID
ST. TIME 07/06 13:58
TX/RX TIME 02' 14
PGS. 4
RESULT OK
COMM. MODE G3



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