



OCCU-MED

Appointment Notification - Courteney Mitchell

Examinee Details	Appointment Details	Clinic Information
Name: Courteney Mitchell DOB: 8/4/1989 Employer: Vectrus Job Class: Information Assurance Analyst I Exam Type: Occu-VAX Stateside (Afghanistan)	9/20/2021 at 3:30 AM *Please call with any questions or concerns with this appointment*	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

Courteney Mitchell is scheduled for an immunization appointment on Monday, September 20, 2021 at 3:30 AM. 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-3388

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Mitchell, Courteney 8/4/1989
Last Name First Name Middle Initial Birthday or Age

Address 120 Mountain Laurel Road Wetumpka, AL (334) 233-7816
Street, City and State Telephone Number

I, the undersigned, hereby authorize Norhawk Health Services
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 _____

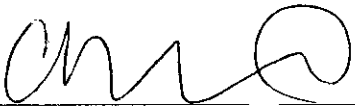
and/or _____

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  Date 9/20/21
xxx-xx-3388
Social Security Number Date

or _____
Personal Representative Date



OCCU-MED

Authorization for Immunization Services

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

Applicant Name

Courteney Mitchell

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-3388

Job Class

Information Assurance Analyst I

Date of Birth

8/4/1989

Exam Type

Occu-VAX Stateside (Afghanistan)

Appointment Date/Time

9/20/2021 at 3:30 AM

Requested Immunizations

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

Immunization Name	Lot Number	Dose	Initials	Date Given
☒ MMR (Measles, Mumps & Rubella)	T031437	0.5mL	WWS	9/20/2021
☒ Injectable Polio	T1E872m	0.5mL	WWS	9/20/2021

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 10/4/2021

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 immunizations 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 9/17/2021 8:46:25 AM by wagenjohnson@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