

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone - cell: \_\_\_\_\_  
Phone - alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Preferred Location:  Billings  Helena

Availability (within next two weeks): anytime

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

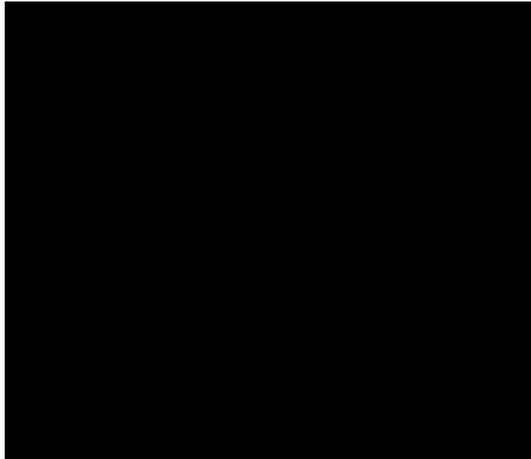
Montana VA HCS Signature: \_\_\_\_\_

Authorized Fee: \$634.24

Date Request to COMS: 04-09-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone - cell: \_\_\_\_\_  
Phone - alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena

Availability (within next two weeks): Anytime.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

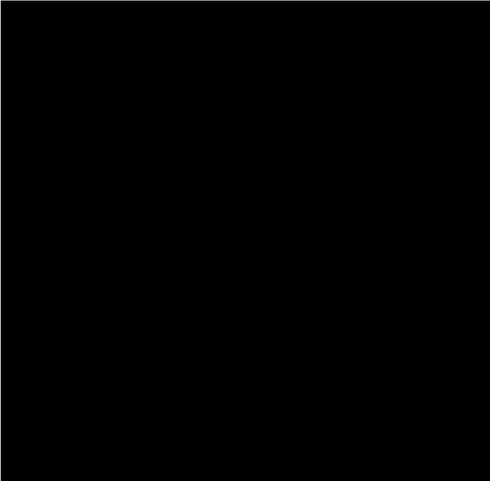
Montana VA HCS Signature: \_\_\_\_\_

Authorized Fee: \$634.24

Date Request to COMS: 04-09-2019

Montana VA HCS - Medical Evaluation or Examination Request

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Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
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Phone - alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena

Availability (within next two weeks): Morning Appts are best.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: \_\_\_\_\_

Authorized Fee: \$634.24

Date Request to COMS: 04-09-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone - cell: \_\_\_\_\_  
Phone - alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena  Kalispell

Availability (within next two weeks): Mon, Wed, Thur, & Fri.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

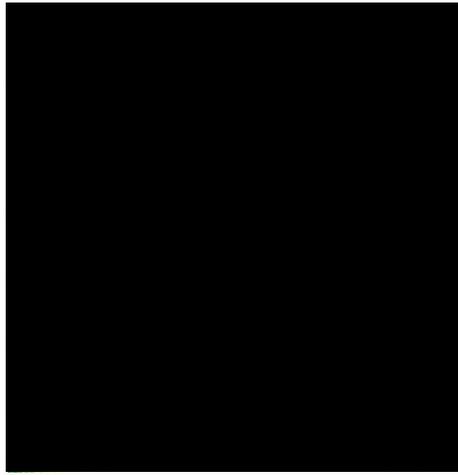
Montana VA HCS Signature: \_\_\_\_\_

Authorized Fee: \$634.24

Date Request to COMS: 04-09-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
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Phone - alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena

Availability (within next two weeks): Morning Appts are best.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: \_\_\_\_\_

Authorized Fee: \$634.24

Date Request to COMS: 04-09-2019

Montana VA HCS - Medical Evaluation or Examination Request

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Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone - cell: \_\_\_\_\_  
Phone - alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena

Availability (within next two weeks): Anytime.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

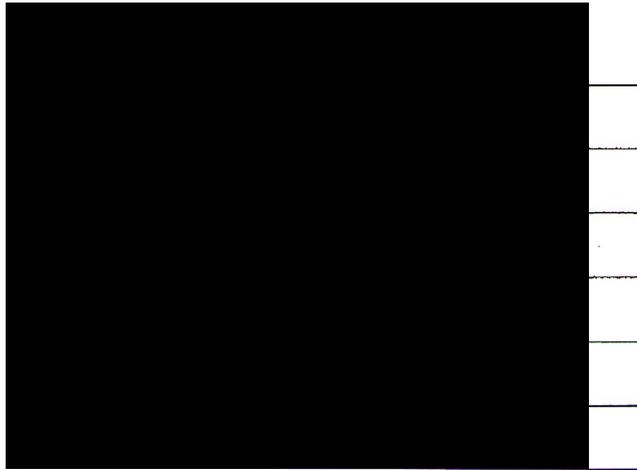
Authorized Fee: \$634.24

Date Request to COMS: 04-09-2019

New Volunteer

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):  
Date of Birth (mm-dd-yyyy):  
Social Security Number:  
Phone - cell:  
Phone - alternate:  
Address:  
City, State, Zip:



Preferred Location:

Billings

Helena

Kalispell

Wants to be seen June 18, 2019 at 2:00 pm or after as he has another appt in Kalispell on that same day.

Availability (within next two weeks):

Purpose:  Pre-Placement  Annual  Other Hearing/Whisper Test  
(specify)  
Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver  
Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

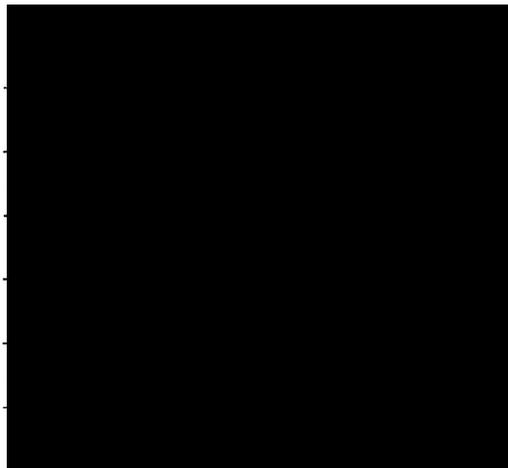
Authorized Fee: \$ 631.24

Date Request to COMS: 04-12-2019

Exp: 5-14-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena

Availability (within next two weeks):                     Mondays                    

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: 

Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

Exp: 1-23-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Preferred Location:  Billings  Helena

Availability (within next two weeks): Reschedule per email from Mike (3/12/19) in April or May 2019.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
 (specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: \_\_\_\_\_

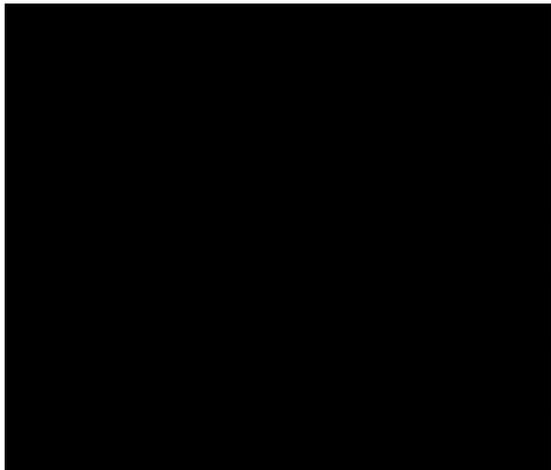
Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

Exp: 5-21-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena  Kalispell

Availability (within next two weeks): Anytime.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

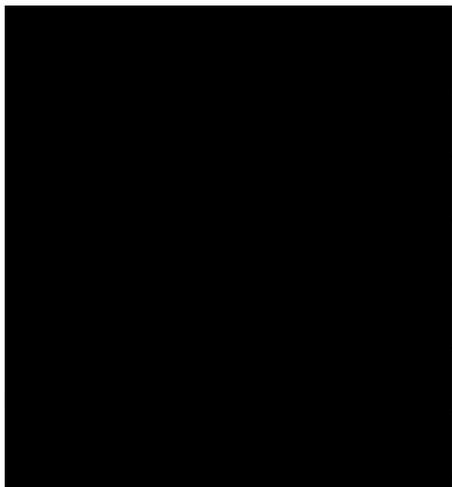
Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

Exp-5-2-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena  Missoula

Availability (within next two weeks): Mornings.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_ (specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

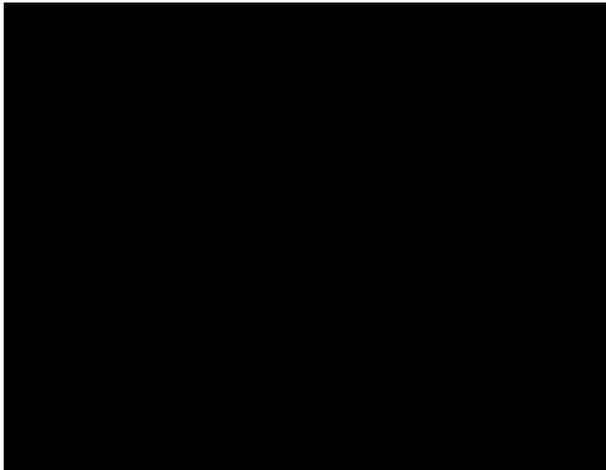
Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

Exp: 5-5-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):  
Date of Birth (mm-dd-yyyy):  
Social Security Number:  
Phone - cell:  
Phone - alternate:  
Address:  
City, State, Zip:



Preferred Location:  Billings  Helena  Kalispell

Availability (within next two weeks): Tuesday mornings.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_ (specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

Exp. 5-10-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Preferred Location:  Billings  Helena  Missoula.

Availability (within next two weeks): Afternoons.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: 

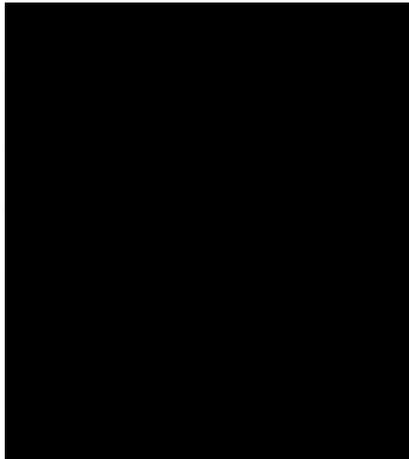
Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

Exp. 5-18-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena

Availability (within next two weeks): Mornings.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

New Volunteer

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

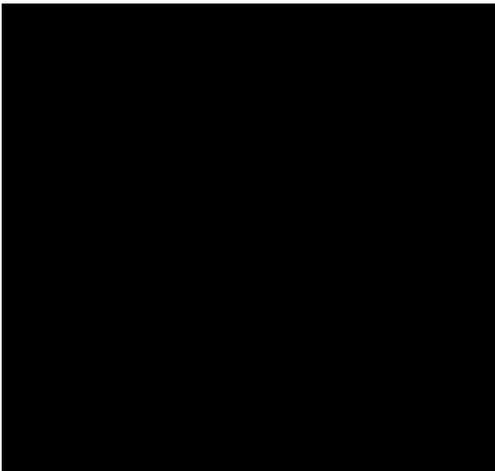
Social Security Number:

Phone - cell:

Phone - alternate:

Address:

City, State, Zip:



Preferred Location:

Billings

Helena

Availability (within next two weeks):

Anytime.

Purpose:

Pre-Placement

Annual

Other

(specify)

Type:

Evaluation

Examination

Components:

Immunity Panel

T-Spot TB Screening

Urine Drug Screen

Special Job Titles:

Boiler Plant Operator

Firefighter

Police Officer

Motor Vehicle Operator & Incidental Driver

Other:

Montana VA HCS Signature:

Authorized Fee:

\$634.24

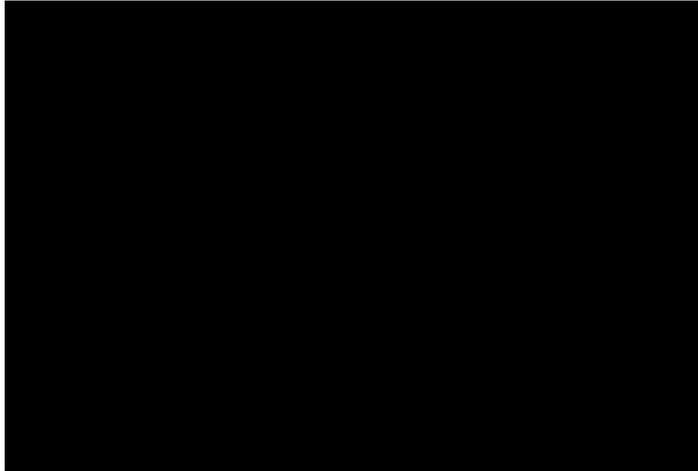
Date Request to COMS:

04-12-2019

Exp. 5-14-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):  
Date of Birth (mm-dd-yyyy):  
Social Security Number:  
Phone - cell:  
Phone - alternate:  
Address:  
City, State, Zip:



Preferred Location:  Billings  Helena

Availability (within next two weeks): Tuesdays and Wednesdays.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

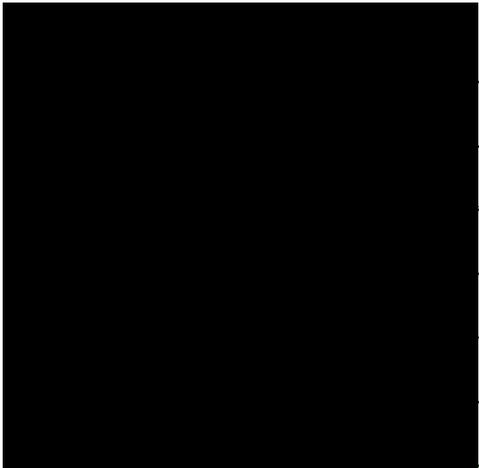
Authorized Fee: \$480.00

Date Request to COMS: 04-12-2019

Exp. 4-2-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena  Missoula

Availability (within next two weeks):           Mondays and Tuesdays          

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
(specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: 

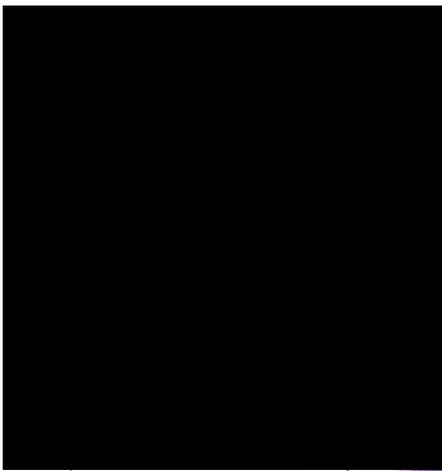
Authorized Fee:           \$480.00          

Date Request to COMS:           04-12-2019

Exp: 5-23-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



Preferred Location:  Billings  Helena

Will be in Helena on 4/23/2019 and would like to get it done that day if possible.

Availability (within next two weeks): \_\_\_\_\_

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
 (specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: \_\_\_\_\_

Authorized Fee: \$480.00

Date Request to COMS: 04-15-2019

EXP. 3-14-19

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): \_\_\_\_\_  
 Date of Birth (mm-dd-yyyy): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone - cell: \_\_\_\_\_  
 Phone - alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Preferred Location:  Billings  Helena

Availability (within next two weeks): Available anytime in May 2019.

Purpose:  Pre-Placement  Annual  Other \_\_\_\_\_  
 (specify)

Type:  Evaluation  Examination

Components:  Immunity Panel  T-Spot TB Screening  
 Urine Drug Screen

Special Job Titles:  Boiler Plant Operator  
 Firefighter  Police Officer  
 Motor Vehicle Operator & Incidental Driver

Other:  \_\_\_\_\_

Montana VA HCS Signature: [Signature]

Authorized Fee: \$480.00

Date Request to COMS: 04-16-2019