

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 1 of 20 D, R

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

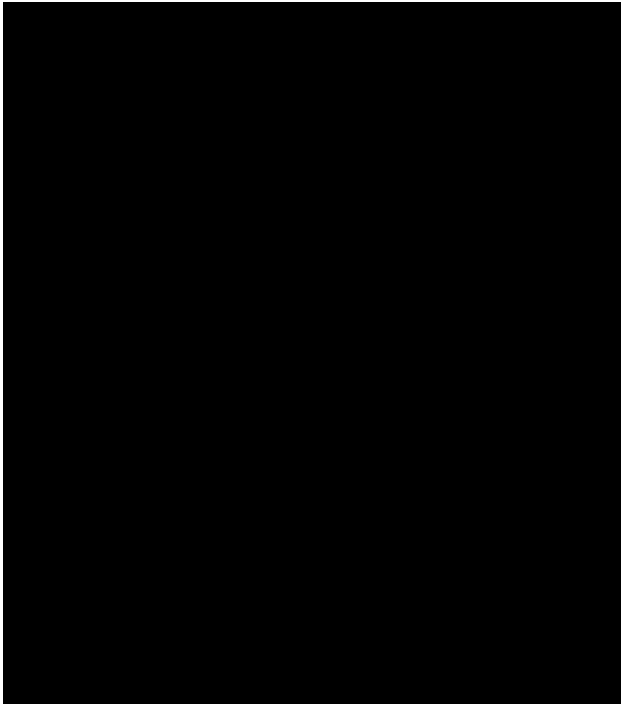
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other REVIEW  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.03 09:35:18 -06'00'

Authorized Fee: \$100.00

Date Request to COMS: 09-03-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 2 of 20 G, MR

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

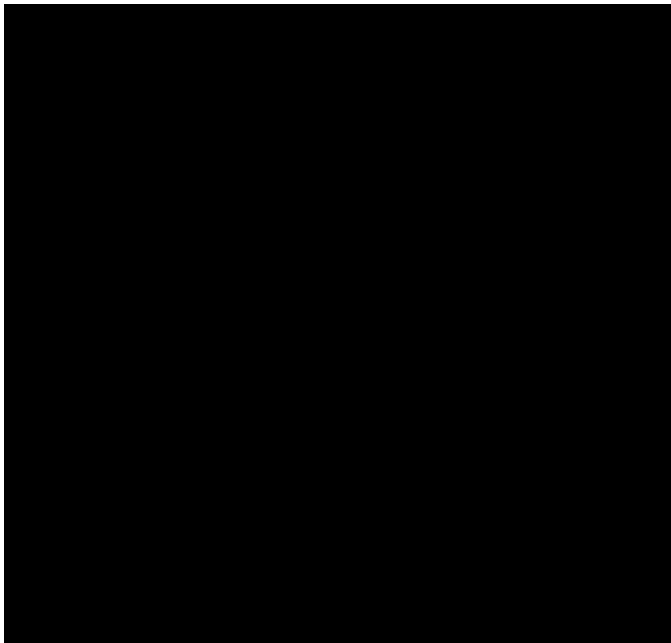
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.03 16:06:55 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 09-03-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 3 of 20 S, KB

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

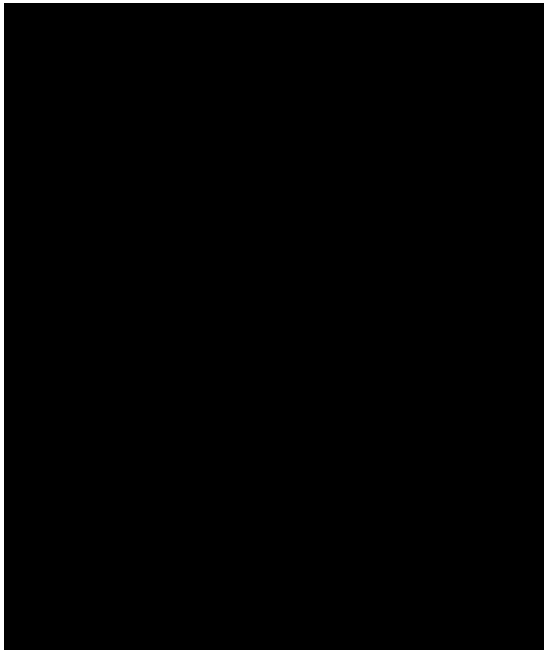
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.04 12:27:24 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 09-04-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 4 of 20 T, BL

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

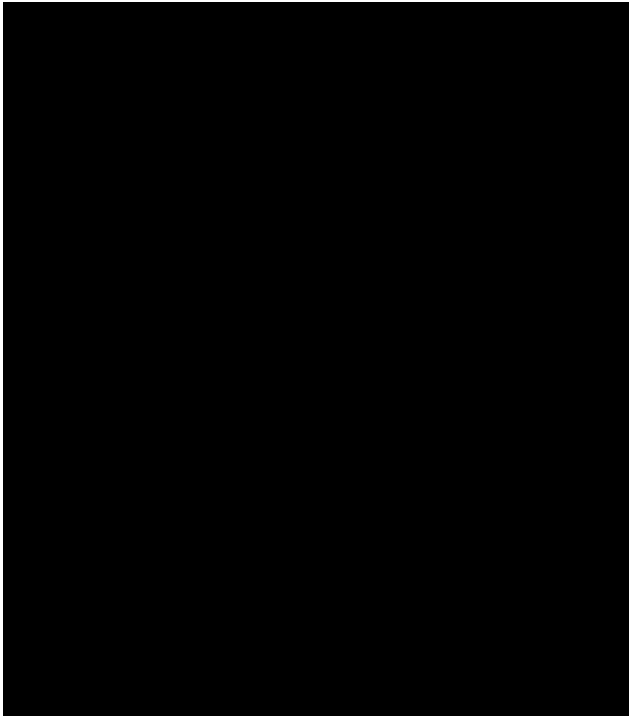
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other DEMPS  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$1423.00  
Date Request to COMS: 09-05-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.05 09:21:54 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR 5 of 20 A, CA

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

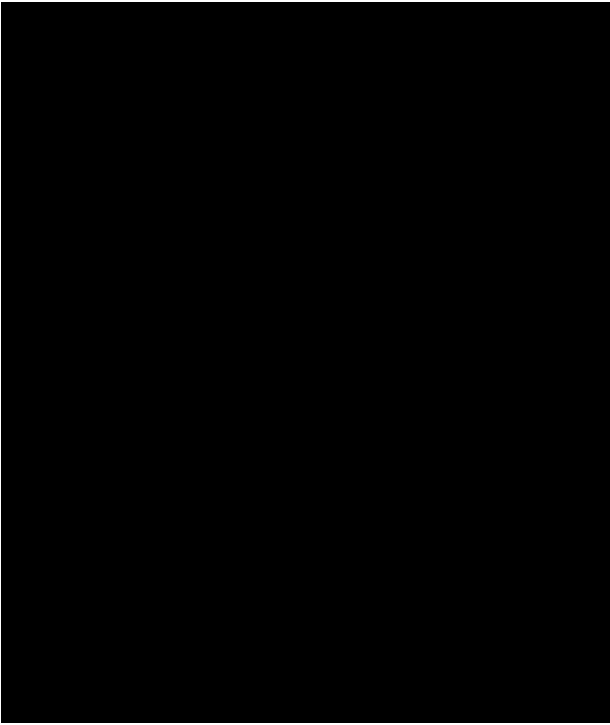
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.05 14:49:47 -06'00'

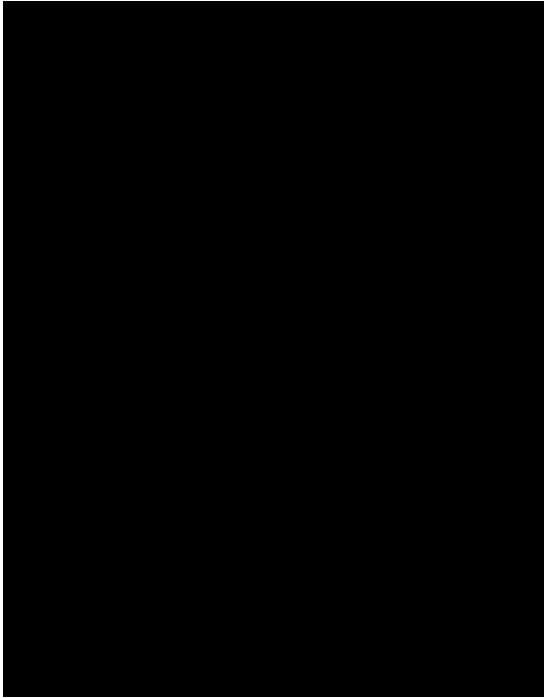
Authorized Fee: \$154.24

Date Request to COMS: 09-05-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 6 of 20 D, JW

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



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other DEMPS  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$1423.00  
Date Request to COMS: 09-06-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.06 10:28:40 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 7 of 20 H, CA

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

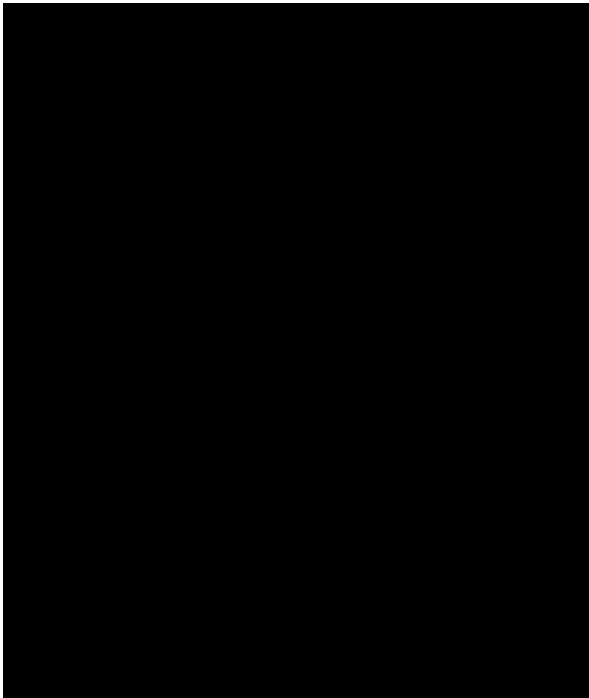
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Missoula

Purpose:  Pre-Placement  Annual / Recurring  Other DEMPS  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.06 10:55:26 -06'00'

Authorized Fee: \$1423.00

Date Request to COMS: 09-06-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 8 of 20 T, KA

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

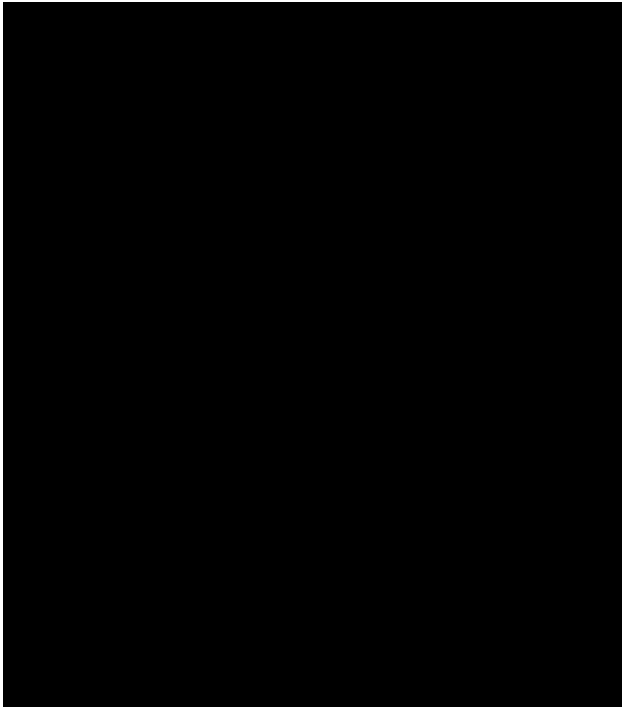
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other DEMPS  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$1423.00  
Date Request to COMS: 09-06-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.06 10:59:42 -06'00'



Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 9 of 20 L, A

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

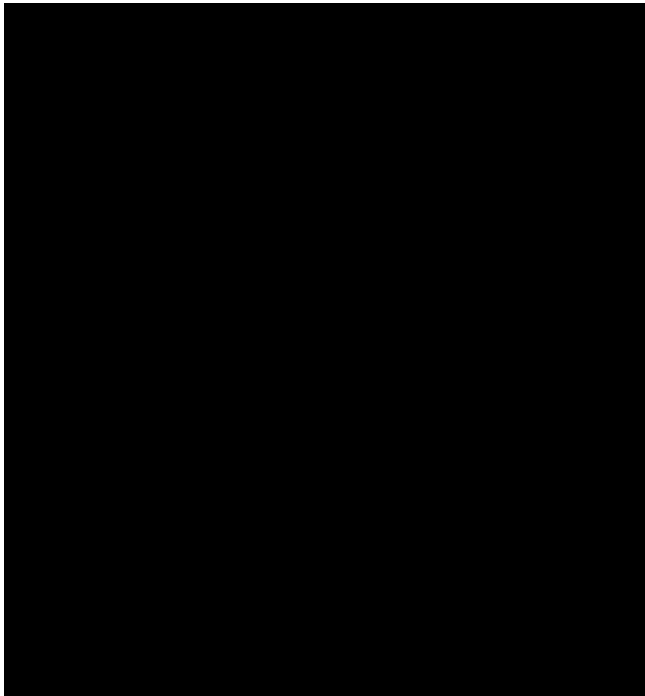
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Billings

Purpose:  Pre-Placement  Annual / Recurring  Other DEMPS  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski  
Authorized Fee: \$1423.00  
Date Request to COMS: 09-06-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.09.06 11:06:34 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 10 of 20 M, JR

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

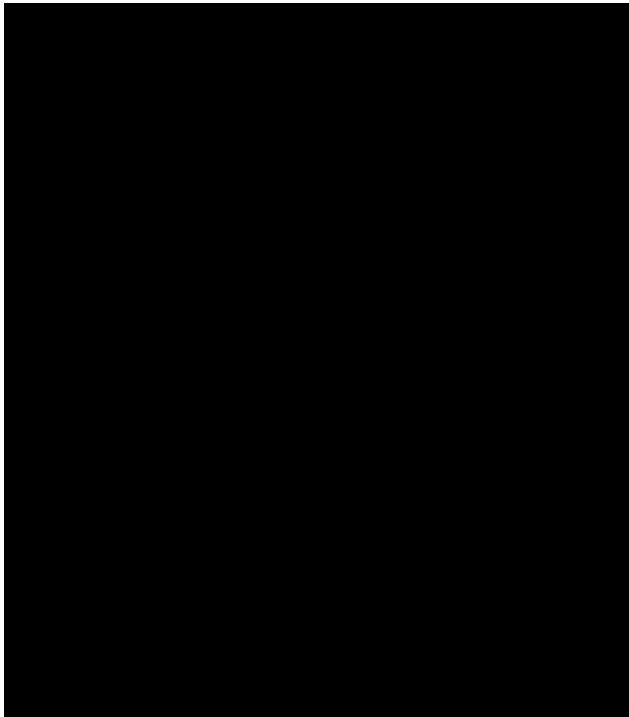
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.12 12:59:02 -06'00'

Authorized Fee: \$490.00

Date Request to COMS: 09-12-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 11 of 20 K, VM

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

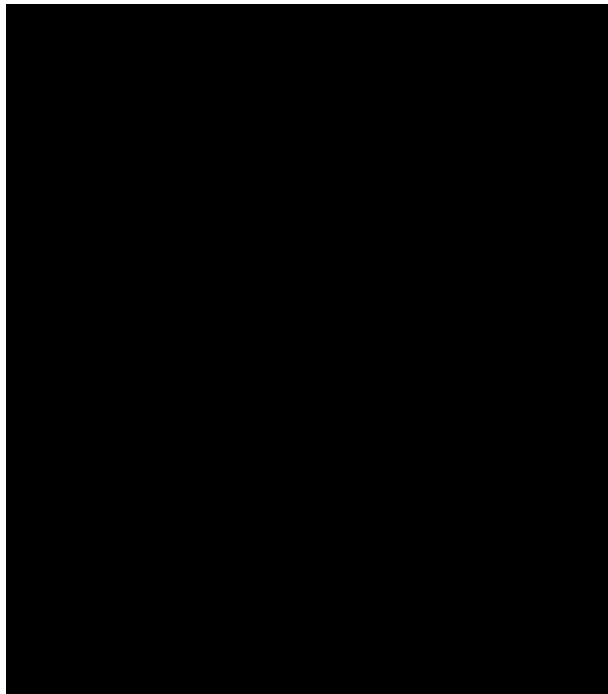
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.13 14:18:49 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 09-13-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 12 of 20 D, KL

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Missoula

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.13 15:02:21 -06'00'

Authorized Fee: \$490.00

Date Request to COMS: 09-13-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 13 of 20 M, DC

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

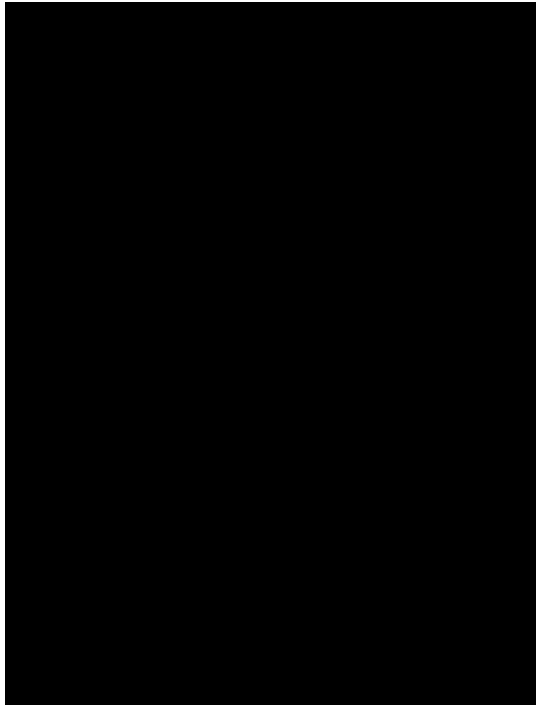
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.13 16:15:02 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 09-13-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 14 of 20 M, SJ

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

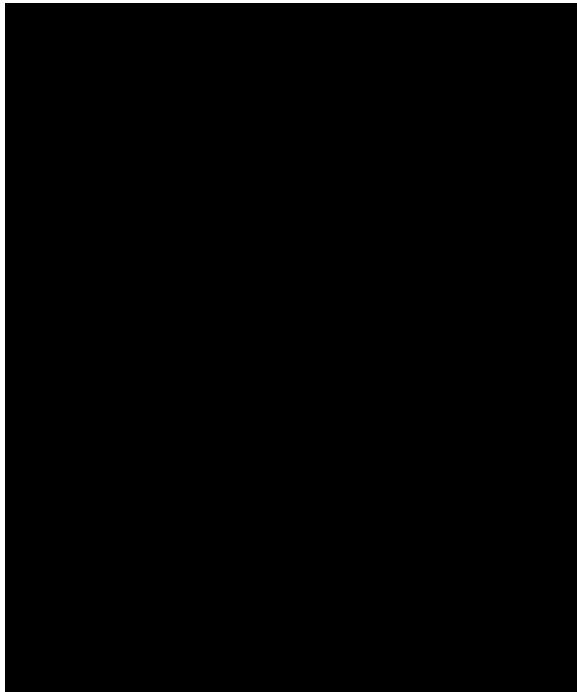
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.18 08:33:50 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 09-18-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 15 of 20 W, DM

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



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other \_\_\_\_\_  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski  
Authorized Fee: \$535.00  
Date Request to COMS: 09-18-2019

Mishanda D. Wojciechowski 1706839  
Digitally signed by Mishanda D. Wojciechowski 1706839  
Date: 2019.09.18 15:44:15 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 16 of 20 A, W

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

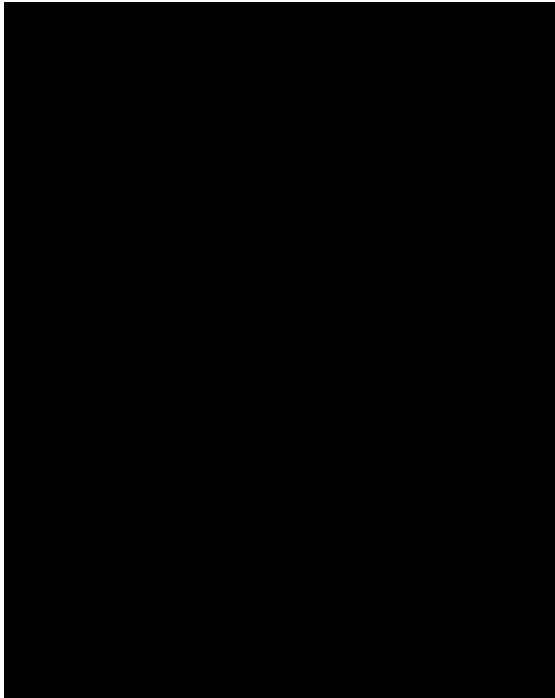
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.20 10:23:01 -06'00'

Authorized Fee: \$154.24

Date Request to COMS: 09-20-2019



Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 17 of 20 D, KE

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

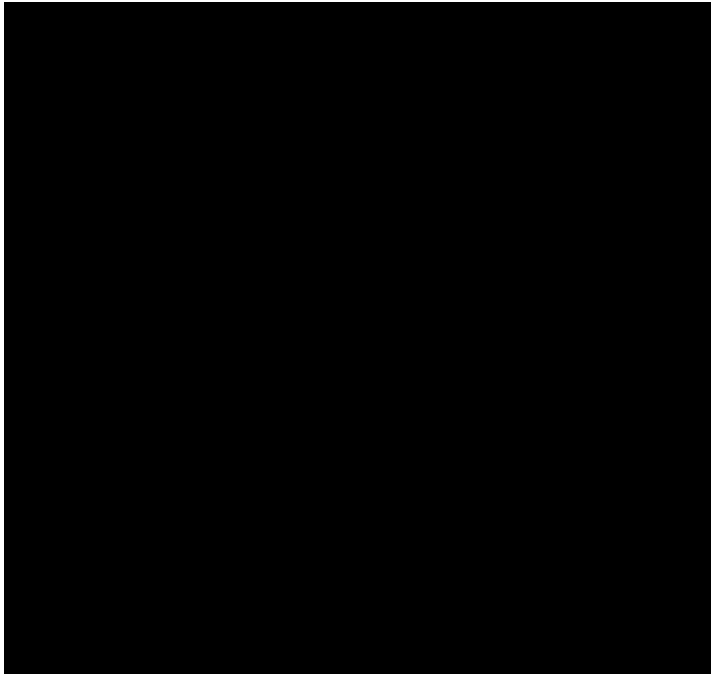
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Billings

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.20 11:37:40 -06'00'

Authorized Fee: \$477.63

Date Request to COMS: 09-20-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 18 of 20 F, MP

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

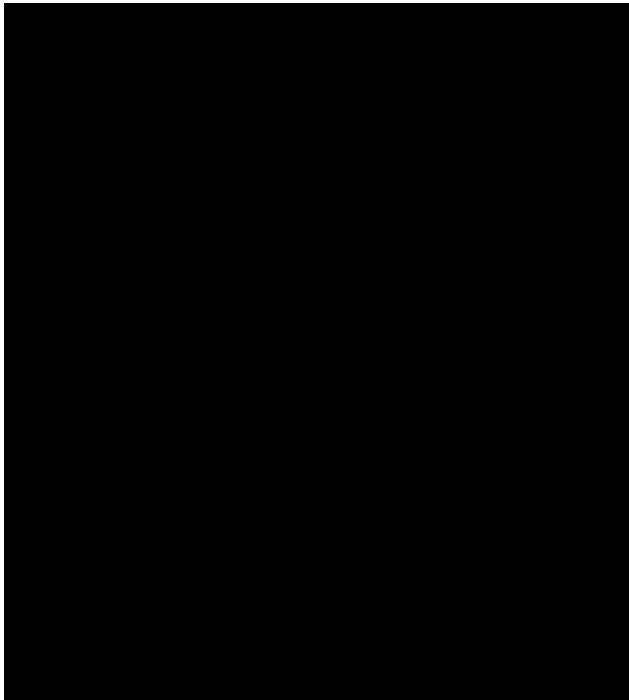
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Billings

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.20 12:40:42 -06'00'

Authorized Fee: \$477.63

Date Request to COMS: 09-20-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 19 of 20 R, EK

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

Social Security Number:

Phone - cell:

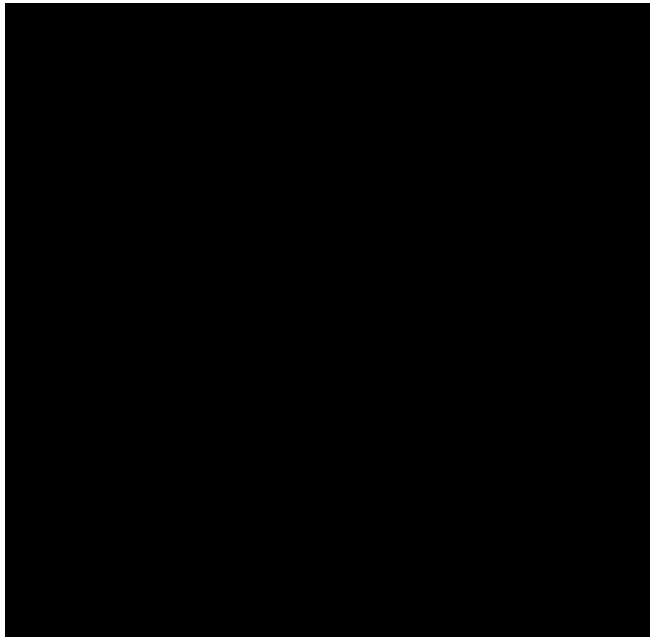
Phone - alternate:

E-Mail:

Address:

City, State, Zip:

Special Note:



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  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: Mishanda D. Wojciechowski 1706839 Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.20 12:44:00 -06'00'

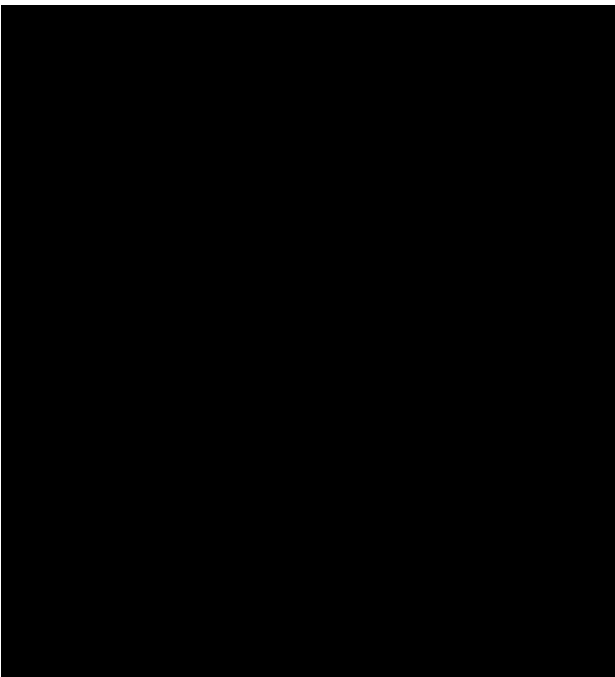
Authorized Fee: \$477.63

Date Request to COMS: 09-20-2019

Montana VA HCS - Medical Evaluation or Examination Request

VA-2019-09-HR-Intake 20 of 20 A, CD

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



Preferred Clinic Location: Helena

Purpose:  Pre-Placement  Annual / Recurring  Other DEMPS  
Type:  Evaluation  Examination (specify)

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: Mishanda D. Wojciechowski 1706839  
Authorized Fee: \$1423.00  
Date Request to COMS: 09-11-2019

Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.09.11 10:33:32 -06'00'