

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Lehman, Emily L.**
Date of Birth (mm-dd-yyyy): **02-24-1990**
Social Security Number: **110-76-0609**
Phone - cell: **(678) 516-0851**
Phone - alternate:
E-Mail: **estone224@gmail.com**
Address: **608 Hillsdale Street**
City, State, Zip: **Helena, MT 59601**
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** 1706839
Authorized Fee: **\$860.00**
Date Request to COMS: **07-01-2020**

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.06.30 11:23:26 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): Foster, Shayne C.
Date of Birth (mm-dd-yyyy): 05-30-1985
Social Security Number: 574-82-9733
Phone - cell: (406) 447-6777
Phone - alternate:
E-Mail: shayne.foster@va.gov
Address: 2570 Prickly Pear Ave.
City, State, Zip: East Helena, MT 59635
Special Note: DUE END OF JULY 2020

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: 2020.07.02 11:54:19 -06'00'
Authorized Fee: \$1189.47
Date Request to COMS: 07-02-2020

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Newton Winkler, Dorothea**
Date of Birth (mm-dd-yyyy): **03-02-1963**
Social Security Number: **517-76-7655**
Phone - cell: **(406) 672-9137**
Phone - alternate:
E-Mail: **dlwonkler63@hotmail.com**
Address: **1817 Godwood Drive**
City, State, Zip: **Billings, MT 59105**
Special Note:

Preferred Clinic Location: **Billings**

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 1706839
Authorized Fee: \$860.00
Date Request to COMS: 07-07-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.07 15:48:00 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): Kane, Robert A.
Date of Birth (mm-dd-yyyy): 01-29-1962
Social Security Number: 517-90-0314
Phone - cell: (406) 438-6833
Phone - alternate:
E-Mail: bobkanemt@gmail.com
Address: 5763 Spokane Ranch Road
City, State, Zip: East Helena, MT 59635
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 1706839
Authorized Fee: \$815.00
Date Request to COMS: 07-08-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.08 10:16:29 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Everett, Shawna K.**
Date of Birth (mm-dd-yyyy): **08-29-1986**
Social Security Number: **517-08-3602**
Phone - cell: **(406) 396-3467**
Phone - alternate:
E-Mail: **shawna.kay.everett@gmail.com**
Address: **5802 Longview Drive**
City, State, Zip: **Missoula, MT 59803**
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 1706839
Authorized Fee: \$477.63
Date Request to COMS: 07-08-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.08 10:24:55 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Norcutt, Cierra T.**
Date of Birth (mm-dd-yyyy): **10-17-1990**
Social Security Number: **530-53-1038**
Phone - cell: **(775) 544-8400**
Phone - alternate:
E-Mail: **RRWCTI@GMAIL.COM**
Address: **PO Box 19914**
City, State, Zip: **Reno, NV 89511**
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 1706839
Authorized Fee: \$477.63
Date Request to COMS: 07-08-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.08 10:30:13 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Donofrio, Richard Jr.**
Date of Birth (mm-dd-yyyy): **07-01-1971**
Social Security Number: **572-91-0031**
Phone - cell: **(916) 601-0021**
Phone - alternate:
E-Mail: **RDONOFRIOJR11@GMAIL.COM**
Address: **3767 N. Lakeshore Blvd**
City, State, Zip: **Loomis, CA 95650**
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: 2020.07.15 15:36:26 -06'00'
Authorized Fee: **\$325.00**
Date Request to COMS: **07-15-2020**

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Brandt, Pamela M.**
Date of Birth (mm-dd-yyyy): **01-26-1964**
Social Security Number: **516-76-4196**
Phone - cell: **(406) 457-7507**
Phone - alternate:
E-Mail: **pammshome@gmail.com**
Address: **3395 White Rock Rd.**
City, State, Zip: **Helena, MT 59602**
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 1706839
Authorized Fee: \$815.00
Date Request to COMS: 07-20-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.20 11:34:57 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): Ludwig, Christopher J.
Date of Birth (mm-dd-yyyy): 08-12-1985
Social Security Number: 546-93-7388
Phone - cell: (406) 980-0517
Phone - alternate:
E-Mail: enjoymontana@gmail.com
Address: 4011 Melrose Place
City, State, Zip: Missoula, MT 59808
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 1706839
Authorized Fee: \$860.00
Date Request to COMS: 07-21-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.22 10:19:24 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Baker, Robin A.**
Date of Birth (mm-dd-yyyy): **11-15-1980**
Social Security Number: **571-65-2523**
Phone - cell: **(406) 498-9189**
Phone - alternate:
E-Mail: **robingbutte@aol.com**
Address: **4035 Wynne Ave**
City, State, Zip: **Butte, MT 59701**
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 1706839
Authorized Fee: \$860.00
Date Request to COMS: 07-23-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.23 13:09:40 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Albers, Dalton W.**
Date of Birth (mm-dd-yyyy): **06-11-1994**
Social Security Number: **517-27-2538**
Phone - cell: **(406) 217-7931**
Phone - alternate:
E-Mail: **albersdalton365@gmail.com**
Address: **5 Blue Heron Lane**
City, State, Zip: **Great Falls, MT 59404**
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 1706839
Authorized Fee: \$490.00
Date Request to COMS: 07-27-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.27 11:24:40 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Everett, Michael M.**
Date of Birth (mm-dd-yyyy): **08-08-1987**
Social Security Number: **213-27-1623**
Phone - cell: **(406) 600-6894**
Phone - alternate:
E-Mail: **malee_everett@yahoo.com**
Address: **1000 Powers Blvd.**
City, State, Zip: **Belgrade, MT 59714**
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 1706839
Authorized Fee: \$477.63
Date Request to COMS: 07-27-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.27 11:53:20 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Kitchin, Wesley D.**
Date of Birth (mm-dd-yyyy): **02-27-1962**
Social Security Number: **306-74-8669**
Phone - cell: **(386) 406-3821**
Phone - alternate:
E-Mail: **wesleykitchin@outlook.com**
Address: **898 S. Marion Ave**
City, State, Zip: **Lake City, FL 32025**
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: 2020.07.28 10:16:01 -06'00'
Authorized Fee: **\$325.00**
Date Request to COMS: **07-28-2020**

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): Davich, Justin A.
Date of Birth (mm-dd-yyyy): 02-24-1988
Social Security Number: 609-14-7360
Phone - cell: (360) 607-2936
Phone - alternate:
E-Mail: Justin.Davich2@va.gov
Address: 4130 W. Hood River Ave
City, State, Zip: Spokane, WA 99224
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
Authorized Fee: \$325.00
Date Request to COMS: 07-28-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.28 15:39:45 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): **Lawshea, Ashley A.**
Date of Birth (mm-dd-yyyy): **01-28-1988**
Social Security Number: **222-74-0319**
Phone - cell: **(931) 215-6269**
Phone - alternate:
E-Mail: **ashley.lawshea@ihs.gov**
Address: **420 1st. St SE**
City, State, Zip: **Cut Bank, MT 59427**
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** 1706839
Authorized Fee: **\$535.00**
Date Request to COMS: **07-28-2020**

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.28 16:26:20 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): Darko, Katherine E.
Date of Birth (mm-dd-yyyy): 06-03-1988
Social Security Number: 516-17-5054
Phone - cell: (406) 868-8386
Phone - alternate:
E-Mail: Katherine.Darko@va.gov
Address: 501 S 44th St. W. Apt 1223
City, State, Zip: Cascade, MT 59421
Special Note:

Preferred Clinic Location: Great Falls

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: 07-29-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.29 16:03:50 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): Nusbaumer, Eric D.
Date of Birth (mm-dd-yyyy): 11-03-1990
Social Security Number: 335-86-9791
Phone - cell: (815) 508-1188
Phone - alternate:
E-Mail: eriknus091109@gmail.com
Address: 9412 48th Ave. W #85
City, State, Zip: Mukilten, WA 98275
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
Authorized Fee: \$325.00
Date Request to COMS: 07-28-2020

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2020.07.28 14:45:45 -06'00'