



MOBILE LABORATORY SERVICES

CLIENT ASSESSMENT & ACTION PLANS

DATE: _____

CLIENT NAME: _____

ADDRESS 1: _____

ADDRESS 2 (if any): _____

ADDRESS 3 (if any): _____

Prime Care puts your needs to heart and would like to address your MOBILE LABORATORY SERVICE concerns. We would like to get to know you more in order to serve you better. Kindly answer the following questions:

1. How many sites / clinics would you like us to conduct? _____
2. What is the DOLE OSH / HIRAC Risk Classification for your company/ establishment?
☐ LOW RISK X
☐ MEDIUM RISK
☐ HIGH RISK
3. How many employees do you have?
ADDRESS 1: _____
ADDRESS 2 (if any): _____
Guaranteed number of ONSITE patients: _____
Approximate Prime Care Clinic patients: _____
TOTAL = _____
4. Which among these PRE-EMPLOYMENT / ANNUAL PHYSICAL EXAMINATION LABS & ASSESSMENT solutions do you need for your company?
Options (may choose any 1 or combination): No. of Patients
☐ Package A (BASIC 5) _____
☐ Package B (BASIC 5 + ECG) – Males 35yo++ _____
☐ Package C (BASIC 5 + ECG + PAPSMEAR) – Females 35yo++ _____
☐ EXECUTIVE PANEL / CUSTOM _____