

Medical Provider,

Domino Food & Fuel is sending the listed employee below for medical treatment and/or post-accident drug screen due to work-related incident. Should you have any questions, please contact Human Resources at 580-331-3736. The Workers Comp adjuster and claim number will be provided to you once the incident has been submitted. Please send the Work Status Report and Drug Screen results to: <u>hr@dominocstores.com</u>. Please include whether the employee is released back to work with or without restrictions, and list recommended restrictions, if any.

Employee Name:	
Employee Address:	
Employee Phone Number:	
Date of Injury:	
Injured body part and brief	(Include right or left side of body, and which finger if hand injury)
description of injury:	
Employer Name:	Domino Food & Fuel, Store #
Store Address:	
Employer Phone Number	580-331-3736
Workers Comp Insurance	Nationwide Agribusiness Insurance Company
Workers Comp Address	1100 Locust St.
	Des Moines, IA 50391
Drug Screen Required	Post- Accident, UA 10-Panel

	Name	Signature
Employee Release for Me	edical Information:	
By signing below, I		authorize my medical information
pertaining to this inciden	it to be sent to Domino Food a	& Fuel at <u>hr@dominocstores.com</u> .

Employee Sig	gnature
--------------	---------