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**Agent Order Form**

**Client Information**

Name: Spouse:

Gender: Spouse:

Date of Birth: Spouse:

Last four SSN: Spouse:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home Cell: Work: **Policy Information**

Insurance Carrier:

Policy amount: Spouse: Policy Number: Spouse:\_\_\_\_\_\_\_\_\_

Agent Name: Agent ID/ Code

Agent phone: Agent Email: Exam Requirements: Please circle all services requested

Paramed Exam

Blood & Urine

Ekg(Resting) Hiv Consent

Blood only Urine Only Other

We look forward to servicing your needs.