

Since 1983



1961 Diamond Springs Road  
Virginia Beach, VA 23455  
Phone (757) 457-9312  
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**MANCON ODOT DISTRICT 5 ZANESVILLE OH  
PHYSICIAN/DRUG SCREEN PANEL**

For the State of Ohio, injured employees may visit any qualified medical provider for treatment. Hospitals and Clinics located in close proximity to the work site have been identified, for use if needed.

The following medical facilities may be used by MANCON employees for treatment of an on-the-job injury or other accident. All on-the-job injuries or other accidents **MUST** be reported **IMMEDIATELY** to a MANCON SUPERVISOR or MANAGER and an accident report **MUST** be filled out.

**\*Contact HR before sending employee for drug screen**

**Drug Screen Location**

Ohio Health Consortium- Zanesville  
933 Military Rd  
Zanesville, OH 43701  
740-454-9805  
M-F 8:30 am-5:00 pm

Quest Diagnostics – [www.questdiagnostics.com](http://www.questdiagnostics.com) – Click on Make an Appointment to schedule a drug screen

**Hospital – Emergency (Life or Limb Threatening, After-Hours Care)**

Good Samaritan Medical Center  
800 Forest Ave  
Zanesville, OH 43701  
740-454-5000

**Medical Providers and Clinics (Non Life or Limb Threatening)**

Genesis Healthcare OEHS  
2800 North Maple Ave  
Zanesville, OH 43701  
740-454-4009

Klein, David, MD  
945 Bethesda Dr  
South Zanesville, OH 43701  
740-454-4010

**Selected Medical Facility (Fill in selected site, if not listed here, then circle below.)**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

**\*Any location within this site can be chosen**

I have selected the above circled facility to administer medical treatment for my potential worker’s compensation claim.

I have chosen not to seek medical treatment or my workplace injury. I understand that if I feel the need to seek medical treatment for this incident at a later time, I may do so by visiting one of the above approved medical facilities. It is my responsibility to inform MANCON Corporate – Worker’s Comp – at (757) 457-9312 if/when I seek medical treatment.

I do not want to claim an injury at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date