



Scheduling an Occupational Medicine Appointment for an Employee

1. Select the **clinic location** where you would like to schedule the appointment.

First, we need some information

* Indicates a required field.

* Where are you scheduling the patient?

Gastonia Occ Med Clinic Kernersville Occ Med Clinic Winston East Occ Med Clinic

Continue

2. Select the **service** you would like completed. You may be asked additional questions to ensure all services are completed.

First, we need some information

* Indicates a required field.

* What type of service are you scheduling?

Respirator Clearance Physical DOT Physical Work Related Injury (initial) Non-DOT Physical Work Related Injury (Follow-Up)

Fit Testing Only Immunization Only Tuberculosis Testing Only Spirometry and/or Audiogram Only

This is required

Continue

3. Select a time for the appointment. Use the calendar to select a different date.

Select a time for your Nurse Extended appointment

Thursday March 6, 2025
AH Occ Med Gastonia NURSE

Atrium Health Occupational Medicine - Gastonia
2211 East Franklin Boulevard Suite 100 GASTONIA NC 28054-4986

2:00 PM 2:30 PM 3:00 PM 3:30 PM

Friday March 7, 2025
AH Occ Med Gastonia NURSE

Atrium Health Occupational Medicine - Gastonia
2211 East Franklin Boulevard Suite 100 GASTONIA NC 28054-4986

8:15 AM 8:45 AM 9:15 AM 9:45 AM 10:15 AM

10:45 AM 11:15 AM 11:45 AM 2:00 PM 2:30 PM

3:00 PM 3:30 PM

Search Criteria

* Start search on
03/06/2025

Refine Search Clear

Times:

Monday
☐ AM ☐ PM


Tuesday
☐ AM ☐ PM


Wednesday
☐ AM ☐ PM


Thursday
☐ AM ☐ PM



4. In the **Comments** section, enter the **employer name** and the **reason for scheduling the appointment**.

 NURSE VISIT with AH Occ Med Gastonia NURSE

 Friday April 25, 2025
8:45 AM Edit

 Atrium Health Occupational Medicine - Gastonia
2211 East Franklin Boulevard
Suite 100
GASTONIA NC 28054-4986


What is the most important thing you want addressed during this visit?

* Comments


Employer Name: Patient needs Hep B vaccine


Continue


5. Click **Schedule for someone else**.

Appointment details (not yet scheduled) 

This appointment time is reserved for you until 12:05 PM.

 Nurse Extended with AH Occ Med Gastonia
NURSE

 Thursday March 6, 2025
2:00 PM EST (60 minutes)

 Atrium Health Occupational Medicine -
Gastonia
2211 East Franklin Boulevard
Suite 100
GASTONIA NC 28054-4986


Continue through MyAtriumHealth


OR

Continue as guest

Save time by using your MyAtriumHealth account to schedule this visit for yourself or someone else.

Log in and schedule

 Schedule for yourself →

 Schedule for someone else →



6. On the Patient Information window, fields with a * are required to continue in the scheduling process. *Supervisors should not ask an employee for unknown demographic information.* If the patient information is unknown, use the default values listed below.

Patient Address

UNKNOWN ADDRESS
CHARLOTTE, NC 99999

Legal Sex

Unknown

Date of Birth

01/01/1900

Phone Number

888-888-8888

Email

noemail@gmail.com

Race

Unable to Obtain

Ethnicity

Unknown

Preferred Language

Unable to Obtain

Patient Information

* Indicates a required field.

Patient's Name

* First name	Middle name	* Last name
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Patient's Address

Country United States of America		
* Street address		
* City	* State	* ZIP
County		

Other Patient Information

* Legal sex

Female	Male	Unknown	Nonbinary
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* Date of birth
MM/DD/YYYY

* Home phone	Work phone	Mobile phone
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* Email address	* Verify email address
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* Race
African
American Indian or Alaska Native
Arab
Asian

You can hold the CTRL key while clicking to select multiple options.

* Ethnicity

* Preferred language



7. Enter **Your Name** and **Your Contact Information**, which will be used if the appointment needs to be rescheduled.

Your Information
* Indicates a required field.

Your Name

* First name Middle name * Last name

Your Contact Information

* Mobile phone

* Email address * Verify email address

8. In the **Relationship to Patient** field, select **Other**.

Relationship to Patient

* Relationship

Next Back

9. In the insurance provider field, select **No insurance** and for who will pay for **costs not covered by insurance**, select **Someone else**.

* Indicates a required field.

Insurance Information

You may receive a Self-Pay estimate if we are unable to verify your coverage, or if you do not have insurance. If you do not receive an updated estimate, you may request one at [704-355-0900](tel:704-355-0900)

* Select your insurance provider

! This is required

* Who will be paying for costs not covered by insurance?

Me Patient Someone else




10. Click **Schedule**.

* Who will be paying for costs not covered by insurance?

←

11. You will receive a message confirming the **Appointment is Scheduled**.

Appointment Details 

✓ Appointment Scheduled

You're all set! You can review details of your upcoming appointment below.

[Tell us how we did.](#)

Updated 4/24/25