

Scheduling an Occupational Medicine Appointment

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



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

First, we need s	ome inform	ation				
* Indicates a require * What type of serv	ed field. ice are vou sch	eduling?				
Respirator Cleara	nce Physical	DOT Physic	cal Work Related Injury	(initial)	Non-DOT Physical	Work Related Injury (Follow-Up)
Fit Testing Only	Immunizati	on Only T	Tuberculosis Testing Only		etry and/or Audiogram	Only
O 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 (2) Atrium Health Occupational Medicine - Gastonia 2111 East Franklin Boulevard Suite 100 GASTONIA NC 28054-4880 2:00 PM 2:30 PM 3:30 PM 3:30 PM 3:30 PM 4:000 PM 3:30 PM 3:3	Search Criteria Start search on 03/06/2025 Refine Search Times: Monday AM PM	Cle
Atrium Health Occupational Medicine - Gastonia 2211 East Franklin Boulevard Suite 100 GASTONIA NC 28054-4980 8:15 AM 8:45 AM 9:15 AM 9:45 AM 10:15 AM	Tuesday AM PM Wednesday AM PM	
10:45 AM 11:15 AM 11:45 AM 2:00 PM 2:30 PM 3:00 PM 3:30 PM 3:30 PM 3:30 PM 3:30 PM	Thursday AM PM	



4. Review the details of the appointment. In the **Comments** section, enter the **employer name** or whether you will pay for the services yourself and enter the **reason for scheduling the appointment**.

æ	NURSE VISIT with AH Occ Med Gastonia NURSE					
(Friday April 25, 2025 Ec 8:45 AM					
æ	Atrium Health Occupational Medicine - Gastonia 2211 East Franklin Boulevard Suite 100 GASTONIA NC 28054-4986					
What this v	What is the most important thing you want addressed during this visit?					
*Comments Employer Name OR Self Pay: I needs Hep B vaccine						
Continue						

5. If you do not have a MyAtriumHealth account, click **Schedule for yourself**.

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		O Schedule for yourself	\rightarrow
		Schedule for someone else	\rightarrow



- 6. On the Patient Information window, fields with a * are required to continue in the scheduling process. Enter the following information:
 - First nameLast name

- Legal sex

- Street address, City, State and ZIP code
- Date of birth Home phone
- Email address

- RaceEthnicity
- Preferred language

Patient Information * Indicates a required field.		
Patient's Name		
* First name	Middle name	* Last name
Patient's Address		
Country United States of America		~
* Street address		
* City	* State	✓ *ZIP
County	~	
Other Patient Information *Legal sex Female Male Unknown Nonbinary		
* Date of birth MM/DD/YYYY		
* Home phone	Work phone	Mobile phone
* Email address	* Verify email address	
* 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. Occupational medicine services are not billed to insurance. In the **insurance provider** field, select **No insurance**.

Finish Scheduling					
	0	E			
	Patient details	Insurance			
Appointment details (not yet scheduled) This appointment time is reserved for you until 12:59 PM.					
New Patient with Atrium Health Provider	United as the second se	Atrium Health Wellness Center			
*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					
* Select your insurance provider					

8. Click Schedule.

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



Updated 4/24/25