



462 Grider St., Suite 116
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716-898-4153

Request for Quote on Services

Thank you for contacting us with your recent request for services. As a full service Occupational Health Clinic, Great Lakes Physician Services offers a range of occupational health services to support you in maintaining a healthy, safe workforce while reducing the overall cost of care for your company and your employees. Please complete the following form and fax back to our office so that we may have all of the information we need to better serve you. Once the information has been received, our Clinic Manager will review your request and submit a quote for the services requested.

Company Name _____
Company Address _____
Contact Name _____
Contact Phone Number _____ Fax Number _____
Contact Email _____
Preferred Method of Contact _____
Types of Services Requested _____

If Respiratory Mask Fit Testing, please provide make and model of type of mask used:

Make _____ Model _____
Number of Employees to be Served _____
Any questions you may have: _____

Great Lakes Physician Services

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