KPOJ POPP Scheduling Procedure

Steps:

- Send completed OHSS referral form request to the OHSS email.
  - One referral form per employee. Do not send them to multiple KPOJ locations.
  - Enter your district name next to RESIG on the Company Name line.
  - Enter your fax or email on the Fax or Email line to receive the exam results.

- Email subject line must include Appointment Request / KPOJ Location / Member Name
  - The individual's Name and/or MRN *should not* be included in the email subject line.
  - Member name would be RESIG/District Name.

- If appointment time/date does not meet your timeline or if appointment time is urgent, please directly contact the KPOJ location.

- If you prefer to fax a referral form, the KPOJ location will provide the appointment date/time via fax.

NORTHERN CALIFORNIA KPOJ CLINICS

- Kaiser- Petaluma
  3900 Lakeville Hwy., Bldg. 2
  Petaluma, CA 94952
  Phone 707-765-3595
  Fax 707-765-3808
  Email PET-OCC@KP.ORG

- Kaiser-Santa Rosa
  3975 Old Redwood Hwy., Bldg. 5, Suite 152
  Santa Rosa, CA 95401
  Phone 707-566-5550
  Fax 707-566-5536
  Email SRO-OHS@kp.org

- Kaiser-San Rafael
  99 Montecillo Rd., Bldg. 2, First Floor
  San Rafael, CA 94928
  Phone 415-444-2900
  Fax 415-444-2899
  Email SRF-OCC@kp.org