

ACCOUNT INFORMATION

PATIENT INFORMATION

BILLING INFORMATION

Last Name _____ First Name _____ MI _____ Insurance Name _____ Policy # _____ Group # _____
 DOB: _____ SEX: M F Insurance Patient Pay Client Bill Worker's Comp/Auto/LOP
 SS# : _____ Worker's Comp/Auto/LOP- Date Of Injury: _____ CI #: _____
 Address: _____ Adjuster's Name: _____ Phone: _____
 City, State, Zip Code : _____
 Phone Number : _____ PLEASE ATTACH A COPY OF PATIENT ID AND INSURANCE CARD

SPECIMEN COLLECTION

Urine _____ Oral Swab _____
 Date Collected: _____ Time: _____ AM PM Collector Name: _____

ICD-10 DIAGNOSIS CODE(S)

PRESUMPTIVE TEST OPTIONS (Please choose only one)

	POS	NEG	POS	NEG	POS	NEG
PERFORM PRESUMPTIVE IMMUNOASSAY DRUG TEST AND CONFIRM ALL POSITIVES.	AMP		MET		PCP	
SCREENING TEST WAS PERFORMED IN DOCTOR'S OFFICE (PLEASE RECORD RESULTS) CONFIRM ALL POSITIVES.	BAR		MDMA		TCA	
	BZO		MTD		THC	
	BUP		OPI			
	COC		OXY			

PERFORM DEFINITIVE TEST FOR DRUG CLASS (SEE BACK FOR DETAILS)

Alcohol	Barbiturates	Opiates / Opioids	Confirm Medications
Anti-convulsants	Benzodiazepines	Opioid Antagonists	
Antidepressants	Illicit	Stimulants	
Bath Salts	Muscle Relaxants/Sedatives	Synthetic Cannabinoids	

PATIENT MEDICATIONS - Attach a List If Necessary

Adderall	Citalopram	Ephedrine	Lortab	Omeprazole	Ritalin	Vick's Inhaler
Adipex	Claritin D	Esomeprazole	Lunesta	Opana	Robitussin AC	Vicodin
Allegra-D	Clonazepam	Fentanyl	Lyrica	Oxycodone	Roxicet	Vicoprofen
Alprazolam	Codeine	Fioricet	Meperidine	Oxycontin	Roxicodone	Vivitrol
Ambien	Concerta	Fiorinal	Meprobamate	Oxymorphone	Seroquel	Vyvanse
Amitriptyline	Cyclobenzaprine	Flexeril	Methadone	Pamelor	Sertraline	Welbutrin
Amphetamine	Dalmane	Fluoxetine	Methylphenidate	Percocet	Soma	Xanax
Amrix	Dexedrine	Flurazepam	Midazolam	Phentermine	Suboxone	Zolof
Ativan	Diazepam	Gabapentin	Morphine	Pregabalin	Subsys	Zolpidem
Buprenorphine	Dilaud	Horizant	MS Contin	Prevacid	Sudafed	Zubsolv
Bupropion	Doxepin	Hydrocodone	MSIR	Prilosec	Tramadol	Zyrtec-D
Butalbital	Duragesic	Hydromorphone	Neurontin	Pristiq	Trazodone	_____
Butrans	Effexor	Klonopin	Nexium	Prozac	Ultram	_____
Carisoprodol	Elavil	Lansoprazole	Norco	Pseudoephedrine	Valium	_____
Celexa	Endocet	Lorazepam	Nucynta	Restoril	Venlafaxine	_____

PHYSICIAN AUTHORIZATION

I authorize the laboratory test(s) as ordered and also attest that each are both medically necessary and support the patient's diagnosis. I acknowledge that each test ordered is a billable occurrence, and the medical record will be updated to distinctly reflect my order.

PATIENT AUTHORIZATION

On my own volition I consent to the collection and testing of my specimen. I acknowledge that I am responsible for co-pays, deductibles and portions not covered by insurance. I assign to American Medical Laboratory all insurance payment(s) made for all laboratory testing or services provided to me and direct same to represent me in grievances or appeals protocol concerning payment of these laboratory tests or services. I consent to the release of medical records deemed necessary to process all insurance claims.

Physician Signature _____ Date: _____ Patient Signature _____ Date: _____

Toxicology Confirmation Test Menu

<p>Alcohol</p> <p>Ethyl-beta-D-glucuronide 500 Ethyl Sulfate 100</p> <p>Antidepressants</p> <p>Amitriptyline 20 Nortriptyline 20 Desipramine 20 Imipramine 20 Desmethylcitalopram 50 Doxepin 50 Fluoxetine 50 Hydroxybupropion 50 Sertraline 50</p> <p>Anti-Convulsants</p> <p>Carbamazepine 20 Carbamazepine-10,11-epoxide 20 Gabapentin 500 Pregabalin 250</p> <p>Barbiturates</p> <p>Amobarbital 200 Butalbital 200 Phenobarbital 200 Secobarbital 200</p> <p>Synthetic Cannabinoids</p> <p>JWH-018 4-Hydroxypentyl 10 JWH-073 3-Hydroxybutyl 10 JWH-250 4-Hydroxypentyl 10</p>	<p>Benzodiazepines</p> <p>7-Aminoclonazepam 50 Alpha-hydroxyalprazolam 50 Alpha-hydroxymidazolam 50 Desalkylflurazepam 50 Diazepam 50 Flunitrazepam 50 Levetiracetam 50 Lorazepam 100 Nordiazepam 50 Oxazepam 50 Temazepam 50</p> <p>Opiates/Opioids</p> <p>Buprenorphine 5 Norbuprenorphine 10 Fentanyl 2 Norfentanyl 10 Hydrocodone 50 Hydromorphone 50 Dihydrocodeine 50 Norhydrocodone 50 Meperidine 50 Normeperidine 50 Methadone 50 EDDP 50 6-MAM 10 Morphine 100 Codeine 100 Oxycodone 50 Oxymorphone 50 Noroxycodone 50 Propoxyphene 50 Sufentanil 5 Tapentadol 50 N-Desmethyltapentadol 50 Tramadol 50 O-Desmethyltramadol 100</p>	<p>Muscle Relaxants/Sedatives</p> <p>Cyclobenzaprine 20 N-Desmethylyzopiclone 10 Meprobamate 100 Carisoprodol 100 Zaleplon 20 Zolpidem 2</p> <p>Illicits</p> <p>7-Hydroxymitragynine 10 Benzoyllecgonine 100 Cotinine 100 MDA 100 MDMA 100 PCP 20 THCA 20</p> <p>Opioid Antagonists</p> <p>Naloxone 50 Naltrexone 50</p> <p>Stimulants</p> <p>Amphetamine 100 Methamphetamine 100 Methylphenidate 10 Ritalinic Acid 20</p> <p>Bath Salts</p> <p>MDPV 10 4-Methylephedrine 10 Methylone 10 Methedrone 10 Pentedrone 50</p>
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