

URINE TOXICOLOGY TEST REQUISITION



Clinic:

Address:

Phone:

Provider:

PATIENT INFORMATION

Male Female

First: Last: DOB: SSN: Email: Phone:

SPECIMEN COLLECTION

Collector:

Date/Time:

Date Received:

BILLING

PATIENT CLINIC WORKERS COMP: _____

INSURANCE ***Include a copy of front and back of insurance card

Company: _____

Policy # Group#

MEDICATIONS

LCMS PANEL: SCREEN AND CONFIRM ALL

SCREEN AND CONFIRM SELECTED

CONFIRM SELECTED

| | | |
|---|---|--|
| <input type="checkbox"/> Amphetamine (LCMS) | <input type="checkbox"/> Gabapentin (LCMS) | <input type="checkbox"/> Desipramine (LCMS) |
| <input type="checkbox"/> Alprazolam (LCMS) | <input type="checkbox"/> Meperidine (LCMS) | <input type="checkbox"/> Duloxetine (LCMS) |
| <input type="checkbox"/> Oxazepam (LCMS) | <input type="checkbox"/> Zolpidem (LCMS) | <input type="checkbox"/> Methylphenidate (LCMS) |
| <input type="checkbox"/> Benzoylcegonine (LCMS) | <input type="checkbox"/> Mitragynine (LCMS) | <input type="checkbox"/> Propoxyphene (LCMS) |
| <input type="checkbox"/> Noroxycodone (LCMS) | <input type="checkbox"/> Hydromorphone (LCMS) | <input type="checkbox"/> Zaleplon (LCMS) MDMA |
| <input type="checkbox"/> Carisoprodol (LCMS) | <input type="checkbox"/> 6-MAM (LCMS) | <input type="checkbox"/> (LCMS) Nordiazepam |
| <input type="checkbox"/> Norfentanyl (LCMS) | <input type="checkbox"/> Cotinine (LCMS) | <input type="checkbox"/> (LCMS) Norbuprenorphine |
| <input type="checkbox"/> Norketamine (LCMS) | <input type="checkbox"/> Doxepin (LCMS) | <input type="checkbox"/> (LCMS) Oxycodone |
| <input type="checkbox"/> Methadone metabolite (EDDP) | <input type="checkbox"/> MDA (LCMS) | <input type="checkbox"/> (LCMS) Tramadol (LCMS) |
| <input type="checkbox"/> (LCMS) Secobarbital (LCMS) | <input type="checkbox"/> Phentermine (LCMS) | <input type="checkbox"/> Fentanyl (LCMS) |
| <input type="checkbox"/> Morphine (LCMS) | <input type="checkbox"/> Venlafaxine (LCMS) | <input type="checkbox"/> Ketamine (LCMS) |
| <input type="checkbox"/> Norhydrocodone (LCMS) | <input type="checkbox"/> MDEA (LCMS) | <input type="checkbox"/> Methadone (LCMS) |
| <input type="checkbox"/> Aripiprazole (LCMS) | <input type="checkbox"/> Lorazepam (LCMS) | <input type="checkbox"/> Phenobarbital (LCMS) |
| <input type="checkbox"/> Dextromethorphan (LCMS) | <input type="checkbox"/> Buprenorphine (LCMS) | <input type="checkbox"/> Naltrexone (LCMS) |
| <input type="checkbox"/> Imipramine (LCMS) | <input type="checkbox"/> THC-COOH (LCMS) | <input type="checkbox"/> Hydrocodone (LCMS) |
| <input type="checkbox"/> O-desmethyiltramadol (LCMS) | <input type="checkbox"/> Tapentadol (LCMS) | <input type="checkbox"/> Amitriptyline (LCMS) |
| <input type="checkbox"/> Sertraline (LCMS) | <input type="checkbox"/> Cyclobenzaprine (LCMS) | <input type="checkbox"/> Dextrophan (LCMS) |
| <input type="checkbox"/> Zolpidem phenyl-4-carboxy (LCMS) | <input type="checkbox"/> Pregabalin (LCMS) | <input type="checkbox"/> Fluoxetine (LCMS) |
| <input type="checkbox"/> Methamphetamine (LCMS) | <input type="checkbox"/> Normeperidine (LCMS) | <input type="checkbox"/> Nortriptyline (LCMS) |
| <input type="checkbox"/> 7-Aminoclonazepam (LCMS) | <input type="checkbox"/> Butalbital (LCMS) | <input type="checkbox"/> Ritalinic Acid (LCMS) |
| <input type="checkbox"/> Temazepam (LCMS) | <input type="checkbox"/> Naloxone (LCMS) | <input type="checkbox"/> Butabarbital (LCMS) |
| <input type="checkbox"/> PCP (LCMS) | <input type="checkbox"/> Codeine (LCMS) | |
| <input type="checkbox"/> Oxymorphone (LCMS) | <input type="checkbox"/> a-Hydroxyalprazolam (LCMS) | |
| <input type="checkbox"/> Meprobamate (LCMS) | | |

ICD-10 CODES:

SELECTION IS REQUIRED

Select or enter all that apply

- ☐ F11.20-Opioid dependence, uncomplicated
☐ Z79..891-Long term, current use of opioid analgesic
☐ G89.4-Chronic pain syndrome
☐ Z79.899-Other long term, current drug therapy
☐ Other: _____
☐ Other: _____
☐ Other: _____

SCREEN ONLY- 12 Urine Panel

| | | |
|----------------|------------|-----------|
| Amphetamine | Cocaine | Methadone |
| Barbiturates | Cotinine | Opiate |
| Benzodiazepine | Creatinine | Oxycodone |
| Cannabinoids | E TO H | pH Detect |

PROVIDER ATTESTATION: The test(s) ordered herein are medically reasonable and necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome, ailment, or disorder. The results provided by HDx Labs will be used to determine medical evaluation and course of treatment options specific to the respective patient. The individual Physician listed as the ordering provider is authorized by law to order the test(s) requested herein. As the medical provider, I **am responsible for documenting applicable ICD-10 diagnosis codes.**

PATIENT: Consent to Test - I authorize the lab to test and release results to the ordering provider. **Medical Plan Authorization**-I authorize payments to be made to the lab for the laboratory services ordered by my provider. I authorize my provider and providers' medical staff, as well as my health plan providing medical benefits to release to the lab any information needed to determine coverage for laboratory services. I understand I am responsible for payment of any deductible and co-insurance charges. If my health plan providing medical benefits makes payment for laboratory service to me, I understand that I am responsible for making payment to the laboratory for services rendered. **Self Pay:** I accept full financial responsibility for payment associated with the laboratory tests ordered by my provider.

PROVIDER SIGNATURE: _____

DATE: _____

PATIENT SIGNATURE: _____

DATE: _____

REQUIRED DOCUMENTATION:

- 1) Clear copy of front & back of the patient insurance card
- 2) Copy of patient's demographics
- 3) Copy of current driver's license

HDX Labs

Medical Director: Jennifer Loch, DO

CLIA #10D2281222

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