



ORAL TOXICOLOGY TEST REQUISITION

Please Place Barcode Label Here

475 Knollcrest Drive Redding, CA 96002 • Phone: (877) 319-7222 • Fax: (530) 319-7225

Specimen Information

Collected By _____

Date Collected _____ Time Collected _____

Do Not Refrigerate or Freeze Specimen

Patient's Legal Name (Last, First, MI)			Sex	Date of Birth		
			MO	DAY	YR	
Patient's Address			Phone			
City	State	Zip				
Responsible Party Legal Name (Last, First, MI) - <i>if different from patient</i>						
Responsible Party Address			Phone			
City	State	Zip				

Primary Insurance	Secondary Insurance
Insurance	Insurance
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Insurance Phone #	Insurance Phone #
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name

Diagnosis Code(s)	Practice/Clinic Name
Notes from Physician:	Physician's Name
	Physician's NPI #
	Physician's Phone
	Physician/Authorized Signature
	Physician's Fax

Mark if Prescribed	Medication/Drug	Order
OPIATES		
<input type="radio"/>	Codeine (Tylenol #3)	<input type="checkbox"/>
<input type="radio"/>	Hydrocodone (Vicodin)	<input type="checkbox"/>
<input type="radio"/>	Hydromorphone (Dilaudid)	<input type="checkbox"/>
<input type="radio"/>	Morphine	<input type="checkbox"/>
OPIOIDS AND RELATED		
<input type="radio"/>	Fentanyl (Duragesic)	<input type="checkbox"/>
<input type="radio"/>	Norfentanyl	<input type="checkbox"/>
<input type="radio"/>	Methadone	<input type="checkbox"/>
<input type="radio"/>	Oxycodone (Oxycontin)	<input type="checkbox"/>
<input type="radio"/>	Oxymorphone (Opana)	<input type="checkbox"/>
<input type="radio"/>	Tapentadol (Nucynta)	<input type="checkbox"/>
<input type="radio"/>	Tramadol (Ultram)	<input type="checkbox"/>
<input type="radio"/>	Buprenorphine (Suboxone)	<input type="checkbox"/>
<input type="radio"/>	Naloxone (Suboxone)	<input type="checkbox"/>
<input type="radio"/>	Meperidine (Demerol)	<input type="checkbox"/>
ALCOHOL		
<input type="checkbox"/>	Ethyl Sulfate	<input type="checkbox"/>

Mark if Prescribed	Medication/Drug	Order
BENZODIAZEPINES		
<input type="radio"/>	Alprazolam (Xanax)	<input type="checkbox"/>
<input type="radio"/>	Clonazepam (Klonopin)	<input type="checkbox"/>
<input type="radio"/>	Diazepam (Valium)	<input type="checkbox"/>
<input type="radio"/>	Lorazepam (Ativan)	<input type="checkbox"/>
<input type="radio"/>	Oxazepam (Serax)	<input type="checkbox"/>
<input type="radio"/>	Temazepam (Restoril)	<input type="checkbox"/>
ILLICIT SUBSTANCES		
<input type="checkbox"/>	Cocaine Metabolite	<input type="checkbox"/>
<input type="checkbox"/>	Heroin Metabolite	<input type="checkbox"/>
<input type="checkbox"/>	MDMA (Ecstasy)	<input type="checkbox"/>
<input type="checkbox"/>	Phencyclidine (PCP)	<input type="checkbox"/>
OTHER		
<input type="checkbox"/>	Carisoprodol (Soma)	<input type="checkbox"/>
<input type="checkbox"/>	THC (Marijuana)	<input type="checkbox"/>
STIMULANTS		
<input type="checkbox"/>	Methylphenidate (Ritalin)	<input type="checkbox"/>

Mark if Prescribed	Medication/Drug	Order
ANTIDEPRESSANTS		
<input type="checkbox"/>	Citalopram (Celexa)	<input type="checkbox"/>
<input type="checkbox"/>	Duloxetine (Cymbalta)	<input type="checkbox"/>
<input type="checkbox"/>	Fluoxetine (Prozac)	<input type="checkbox"/>
<input type="checkbox"/>	Venlafaxine (Effexor)	<input type="checkbox"/>
AMPHETAMINES		
<input type="checkbox"/>	Amphetamine (Adderall)	<input type="checkbox"/>
<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>
SPECIAL INSTRUCTIONS		

Medicare and Medicaid will only pay for tests that are medically reasonable and necessary based on the clinical condition of each patient. Medical Providers should only order tests that are medically necessary for the diagnosis or treatment or the patient.