ORAL TOXICOLOGY TEST REQUISITION

LAB 24

Please Place Barcode Label Here

Specimen Information

Collected By_____

Date Collected | Time Collected

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

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) - *if different from patient*		
Responsible Party Address	Phone	
City	State	Zip
Is Patient Pregnant? ☐Yes ☐No		

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)

Physician/Authorized Signature

Mark if Prescribed	Medication/Drug	Order
ANTIDEPRESSANTS		☐
O	Citalopram (Celexa)	☐
O	Duloxetine (Cymbalta)	☐
O	Fluoxetine (Prozac)	☐
O	Venlafaxine (Effexor)	☐
AMPHETAMINES		☐
O	Amphetamine (Adderall)	☐
O	Methamphetamine	☐
SPECIAL INSTRUCTIONS		

Mark if Prescribed	Medication/Drug	Order
BENZODIAZEPINES		☐
O	Alprazolam (Xanax)	☐
O	Clonazepam (Klonopin)	☐
O	Diazepam (Valium)	☐
O	Lorazepam (Ativan)	☐
O	Oxazepam (Serax)	☐
O	Temazepam (Restoril)	☐
ILLICIT SUBSTANCES		☐
-	Cocaine Metabolite	☐
-	Heroin Metabolite	☐
-	MDMA (Ecstasy)	☐
-	Phencyclidine (PCP)	☐
OTHER		☐
O	Carisoprodol (Soma)	☐
O	THC (Marijuana)	☐
STIMULANTS		☐
O	Methylphenidate (Ritalin)	☐

Mark if Prescribed	Medication/Drug	Order
OPIATES		☐
O	Codeine (Tylenol #3)	☐
O	Hydrocodone (Vicodin)	☐
O	Hydromorphone (Dilaudid)	☐
O	Morphine	☐
OPIOIDS AND RELATED		☐
O	Buprenorphine	☐
O	Fentanyl (Duragesic)	☐
O	Meperidine (Demerol)	☐
O	Methadone	☐
O	Naloxone	☐
-	Norfentanyl	☐
O	Oxycodone	☐
O	Oxymorphone (Opana)	☐
O	Tapentadol (Nucynta)	☐
O	Tramadol (Ultram)	☐
ALCOHOL		☐
-	Ethyl Glucuronide	☐

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.

ORIGINAL - LAB24 COPY

YELLOW - HEALTHCARE PROVIDER COPY