

Ordering Physician: _____ Name of Practice: _____

Date: ____/____/____ Address: _____

ICD Code(s) _____

Ordering Physician Signature _____

Patient Information:

Last Name: _____ First Name: _____ MI: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

DOB: ____/____/____ Sex: M F Insurance: _____ Self-Pay

*INCLUDE COPY OF INSURANCE CARD

I CERTIFY THAT I HAVE PROVIDED MY SPECIMEN TO THE COLLECTOR, THAT I HAVE NOT ADULTERATED IT IN ANY MANNER, AND THAT THE INFORMATION PROVIDED ON THIS FORM AND ON THE LABEL AFFIXED TO EACH SPECIMEN IS CORRECT. I AUTHORIZE THE RELEASE OF THE RESULTS TO THE ORDERING CLINICIAN & STAFF. I AUTHORIZE CHATTAHOOCHEE LABS TO RELEASE ANY INFORMATION REQUIRED FOR BILLING PURPOSES. I AUTHORIZE PAYMENT DIRECTLY TO CPLS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR PAYMENTS SHOULD INSURANCE BE DENIED, PARTIALLY PAID OR CO-PAYMENTS REQUIRED.

Patient Signature: _____ Date: ____/____/____

BEHAVIORAL TOXICOLOGY TEST MENU

Date and Time of Collection: ____/____/____ _____:____ Collector Initials: _____ *ALL URINE SAMPLES MUST HAVE PATIENT'S NAME AND DATE OF BIRTH ON CUP

PRELIMINARY URINE DRUG SCREEN

Check here for urine drug screen (includes, amphetamine, barbiturates, cocaine, creatinine (tests for adulteration), methadone, opiate, oxycodone, buprenorphine, cannabinoid, benzodiazepine & pH)

Check here to add: ETOH Nicotine (Cotinine)

LCMS CONFIRMATORY TESTING

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Check here for all drug classes listed | <input type="checkbox"/> ANTIDEPRESSANTS, NOS | <input type="checkbox"/> ALKALOIDS | <input type="checkbox"/> 7-AMINOCLONAZEPAM | <input type="checkbox"/> STIMULANTS, SYNTHETIC |
| <input type="checkbox"/> Check here to add: Reflex testing for D & L Methamphetamine (Chiral Testing) | <input type="checkbox"/> VENLAFAXINE | <input type="checkbox"/> COTININE | <input type="checkbox"/> LORAZEPAM | <input type="checkbox"/> METHYLONE |
| <input type="checkbox"/> TRICYCLIC ANTIDEPRESSANTS | <input type="checkbox"/> BUPROPION | <input type="checkbox"/> KRATOM | <input type="checkbox"/> NORDIAZEPAM | <input type="checkbox"/> MEPHEDRONE |
| <input type="checkbox"/> AMITRIPTYLINE | <input type="checkbox"/> BUPRION METABOLITE | <input type="checkbox"/> AMPHETAMINES | <input type="checkbox"/> THC-COOH | <input type="checkbox"/> a-PVP |
| <input type="checkbox"/> NORTRIPTYLINE | <input type="checkbox"/> TRAZODONE | <input type="checkbox"/> AMPHETAMINE | <input type="checkbox"/> COCAINE | <input type="checkbox"/> MDPV |
| <input type="checkbox"/> IMIPRAMINE | <input type="checkbox"/> ANTIPSYCHOTICS | <input type="checkbox"/> METHAMPHETAMINE | <input type="checkbox"/> PHENCYCLIDINE (PCP) | <input type="checkbox"/> MDA |
| <input type="checkbox"/> DESIPRAMINE | <input type="checkbox"/> QUETIAPINE | <input type="checkbox"/> ALCOHOL(ETG/ETS) | <input type="checkbox"/> HEROIN | <input type="checkbox"/> MDA |
| <input type="checkbox"/> DOXEPIN | <input type="checkbox"/> NORQUETIAPINE | <input type="checkbox"/> BARBITURATES | <input type="checkbox"/> GABAPENTIN | <input type="checkbox"/> MDMA |
| <input type="checkbox"/> ANTIDEPRESSANTS, SEROTONERGIC | <input type="checkbox"/> OLANZAPINE | <input type="checkbox"/> BUTABARBITAL | <input type="checkbox"/> METHYLPHENIDATE | <input type="checkbox"/> MDEA |
| <input type="checkbox"/> DULOXETINE | <input type="checkbox"/> ARIPIPRAZOLE | <input type="checkbox"/> BUTALBITAL | <input type="checkbox"/> RITALINIC ACID | <input type="checkbox"/> OPIOIDS |
| <input type="checkbox"/> CITALOPRAM | <input type="checkbox"/> HALOPERIDOL | <input type="checkbox"/> PHENOBARBITAL | <input type="checkbox"/> METHADONE | <input type="checkbox"/> NALTREXONE |
| <input type="checkbox"/> SERTRALINE | <input type="checkbox"/> RISPERIDONE | <input type="checkbox"/> SECOBARBITAL | <input type="checkbox"/> EDDP | <input type="checkbox"/> SEDATIVE HYPNOTICS |
| <input type="checkbox"/> PAROXETINE | | <input type="checkbox"/> BENZODIAZEPINES | <input type="checkbox"/> METHADONE | <input type="checkbox"/> ZOLPIDEM |
| <input type="checkbox"/> FLUOXETINE | | <input type="checkbox"/> ALPRAZOLAM | <input type="checkbox"/> METHADONE | <input type="checkbox"/> ZOLPIDEM METABOLITE |
| | | <input type="checkbox"/> a-OH ALPRAZOLAM | | |

NO PRESCRIBED MEDICATIONS

MARK ALL PRESCRIBED MEDICATIONS

- | | | | | |
|--|---|---|-------------------------------------|---|
| <input type="checkbox"/> ABILIFY | <input type="checkbox"/> CONCERTA | <input type="checkbox"/> LORAZEPAM (ATIVAN) | <input type="checkbox"/> RISPERDOL | <input type="checkbox"/> ZEPREXA |
| <input type="checkbox"/> ADDERALL | <input type="checkbox"/> CYMBAUA | <input type="checkbox"/> METADATE | <input type="checkbox"/> RITALIN | <input type="checkbox"/> ZOLOFT |
| <input type="checkbox"/> ADZENYS | <input type="checkbox"/> DAYTRANA | <input type="checkbox"/> METHADOSE | <input type="checkbox"/> SARAFEM | <input type="checkbox"/> OTHER MEDICATION |
| <input type="checkbox"/> ALPRAZOLAM (XANAX, NIRAVAM) | <input type="checkbox"/> DEPADE | <input type="checkbox"/> METHYLIN | <input type="checkbox"/> SECONAL | _____ |
| <input type="checkbox"/> AMBIEN | <input type="checkbox"/> DESOXYN | <input type="checkbox"/> NEOPROFREN | <input type="checkbox"/> SELFEMRA | _____ |
| <input type="checkbox"/> APLENZIN | <input type="checkbox"/> DESYREL | <input type="checkbox"/> NEURONTIN | <input type="checkbox"/> SEROQUEL | |
| <input type="checkbox"/> APTENSIO | <input type="checkbox"/> DIAZEPAM (VALIUM, DIASTAT) | <input type="checkbox"/> NORPRAMIN | <input type="checkbox"/> SILENOR | |
| <input type="checkbox"/> ARISTADA | <input type="checkbox"/> DOLOPHINE | <input type="checkbox"/> OLEPTRO | <input type="checkbox"/> SOLFOTON | |
| <input type="checkbox"/> BRISDELLE | <input type="checkbox"/> DYANAVAL | <input type="checkbox"/> PAROXETINE | <input type="checkbox"/> TEGRETOL | |
| <input type="checkbox"/> BUDEPRION | <input type="checkbox"/> EFFEXOR | <input type="checkbox"/> PAXIL | <input type="checkbox"/> TOFRANIL | |
| <input type="checkbox"/> BUPROBAN | <input type="checkbox"/> ELAVIL | <input type="checkbox"/> PROZAC | <input type="checkbox"/> VIVITROL | |
| <input type="checkbox"/> BUTISOL | <input type="checkbox"/> EQUETRO | <input type="checkbox"/> QUILLIVANT | <input type="checkbox"/> VYVANSE | |
| <input type="checkbox"/> CELEXA | <input type="checkbox"/> EVEKEO | <input type="checkbox"/> RAPIFLUX | <input type="checkbox"/> WELLBUTRIN | |
| <input type="checkbox"/> CLONAZEPAM (KLONOPIN, RIVOTRIL) | <input type="checkbox"/> HALDOL | <input type="checkbox"/> REMERON | | |
| | <input type="checkbox"/> IRENKA | <input type="checkbox"/> REVIA | | |

When ordering tests for which Medicare reimbursement will be sought, Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient, rather than for screening purposes.

Go to our website, www.heliosdx.com, for important information regarding responsible ordering.

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