•		CE	CENTRAL CLINICAL LABS							ORDERING PHYSICIAN INFORMATION					
ri l	<u> </u>						VE. • CHI								
Ξ.			TEI	ے. (7	73) 788	-1577	• FAX (77	3) 788-1	579						
SPECIMEN INFORMATION															
STAT DATE COLLECTED TIME COLL					TIME COL	LECTED FOR LAB USE: DATE RECEIVED				1					
				:		A.M. □ F	P.M.			-					
PATIENT LAST NAME (Please Print)						FIRS	T NAME (Pleas	e Print)							
SEX DATE OF BIRTH PATIENT'S RELATIONSHIP TO IN						CURED D	II TO		DATIENTID						
M	F M	D Y	□ SELF		DEPENDI	ENT		LIENT	PATIENT I.D.						
	NG ADDRESS		<u> </u>	UUL	LI OTTILIX		I PATIENT C	LIENI	APT. NO.	1					
CITY					STATE		ZIP		TEL. NO. (9-5)	-					
CITT					SIAIE		ZIP		TEL. NO. (9-5)						
MEDI	CAID NUMBE	R						MEDICARE	NUMBER SUFFIX						
BILLING INFORMATION AND ABN						DATIENT DEAD AND CION				-					
NAME OF INSURANCE / HMO / PPO					•	PATIENT - READ AND SIGN				-					
									rize the release of any						
IF REQUIRED, ATTACH COMPLETED SIGNED FORM CERTIFICATE OR I.D. No.					ORM	medical information to process this claim and request payment of benefits to Central Clinical Laboratory and									
0_1,1,1,0,1,2,0,1,1,0,1				shall be personally responsible for any unpaid balance.				DIAGNOSIS		DIAGNOSI	IS	DIAGNOSIS			
INSI	IRANCE CLAI	M MAILING ADD	RESS			15 1107	TECT IS OB	DEDED IA		(ICD 0)		(ICD 0)		(100.0)	
INSURANCE CLAIM MAILING ADDRESS				IF HIV TEST IS ORDERED, I AGREE TO BE TESTED.				(ICD-9)		(ICD-9)		(ICD-9)			
CITY STATE ZIP					ZIP	PATIENT OR AUTHORIZED PERSON SIGNATURE (Must)				PHYSICIAN OR	AUTHORI	ZED PERS	ON SIGNA	ATURE (Must)*	
						X				X				, ,	
SPAC	CE BELOW	V FOR ADDIT	IONAL	INST	RUCTIO	ONS / T	ESTS. SOI	ME TESTS	COVERED BY MEDI	CARE HAVE L	IMITED	COVER	AGE (S	iee ABN)	
CUF	RENT ME	DICATION							EDICATIONS, DATE OF LA		IE LAST	TIME MED	DICATIO	N WAS INGESTED).
			IF MED	OICAT	TON IS TA	AKEN A	S NEEDED, S Date of Last		RN BY CHECKING THE B	OX)				Date of Last	
Prescription			Do	se	Frequenc	су	Dose (optiona		Prescription		Dose	Freque	ncy	Dose (optional)	PRN
Morphine									Ultram®/Tramadol						
Dolophine®/Methadone									Valium®/Diazepam	1					
Flexerit®/Cyclobenzaprine									Flexerit®/Cyclober	nzaprine					
Klon	Klonopin®/Clonazepam								Xanax®/Alprazolar	n					
Lyrica®/Pregabillin															
Neurontin®/Gabapentin															
Norco®/Vicodin®/Hydrocodone															
Perocet®/Oxycontin®/Oxycodone															
Roxicodone®/Oxycodone]]						
Povi	-	ontin®/Oxycodo]]						
	codone®/Ox	ontin®/Oxycodo xycodone													
Subo	codone®/Oxy	ontin®/Oxycodo xycodone codone													
Subo	codone®/Ox	ontin®/Oxycodo xycodone codone													
Subo	codone®/Oxy oxone®/Oxy a®/Carisopr	ontin®/Oxycodo xycodone codone	ne												
Subo	codone®/Oxy oxone®/Oxy a®/Carisopr	ontin®/Oxycodo xycodone rcodone	ne			PRE	ESUMPTIVE							PRESUMPTIVE	
Subo Som POII	codone®/Ox oxone®/Oxy a®/Carisopr	ontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM	SULTS		NEG		POSITIVE			DRUG NAME		MD	NEG	POSITIVE	
Subo Som POII	codone®/Oxy oxone®/Oxy a®/Carisopr	ontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM Amphetami	SULTS E ne (AMP				POSITIVE		82145	Methamphetan		MMP)	NEG	POSITIVE	
Subo Som POII	codone®/Oxyoxone®/Oxyoxone®/Carisopr	ontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM Amphetami Barbiturates Benzodiaze	E (AMP & (BAR))	ZO)			POSITIVE		□ 82145 □ 83925	Methamphetan Ecstasy (MDMA Opiate (OPI/MC	A) OP)	MMP)		POSITIVE □ □ □	
Subo Som POII	codone®/Oxyone®/Oxyone®/Carisopr NT OF CAR 82145 82205 80154	ontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM Amphetami Barbiturates Benzodiaze Buprenorph	E ne (AMP s (BAR) ppines (Buline (BUI	ZO)			POSITIVE		□ 82145 □ 83925	Methamphetam Ecstasy (MDM/ Opiate (OPI/MO Oxycodone (O)	A) DP) KY)	MMP)		POSITIVE	
Subo Som POII	codone®/Oxyone®/Oxyone®/Carisopr NT OF CAR 82145 82205 80154 82520	ontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM Amphetami Barbiturates Benzodiaze Buprenorph Cocaine (Co	E ne (AMP s (BAR) ppines (BUIDOC)	ZO)			POSITIVE		□ 82145 □ 83925 □ 83992	Methamphetan Ecstasy (MDM/ Opiate (OPI/MC Oxycodone (OX Phencyclidine (A) DP) KY) (PCP)	MMP)		POSITIVE	
Subo Som POII	codone®/Oxyone®/Oxyone®/Carisopr NT OF CAR 82145 82205 80154	ontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM Amphetami Barbiturates Benzodiaze Buprenorph	E ne (AMP s (BAR) pines (Buine (BUI OC)	ZO)			POSITIVE		□ 82145 □ 83925 □ 83992	Methamphetam Ecstasy (MDMA Opiate (OPI/MC Oxycodone (OX Phencyclidine (Propoxyphene Tricyclic Antide	A) OP) KY) (PCP) (PPX)	,		POSITIVE	
Subc Som	82145 82205 80154 82520 82542 83840	pontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM Amphetami Barbiturates Benzodiaze Buprenorph Cocaine (Co Marijuana (Methadone	E ne (AMP s (BAR) pines (Buine (BUI OC)	ZO)			POSITIVE		□ 82145 □ 83925 □ 83992	Methamphetam Ecstasy (MDM/ Opiate (OPI/MC Oxycodone (O) Phencyclidine (Propoxyphene	A) OP) KY) (PCP) (PPX)	,		POSITIVE	
Subo Som POII	82145 82205 82542 83840 82055	ontin®/Oxycodo exycodone rodol RE TEST RES DRUG NAM Amphetami Barbiturates Benzodiaze Buprenorph Cocaine (Co Marijuana (E ne (AMP s (BAR) ppines (Buine (BUI OC) (MTD)	ZO) P)		E	POSITIVE		□ 82145 □ 83925 □ 83992	Methamphetam Ecstasy (MDMA Opiate (OPI/MC Oxycodone (OX Phencyclidine (Propoxyphene Tricyclic Antide	A) OP) KY) (PCP) (PPX)	ts (TCA)	CIAN US	POSITIVE	