



PATIENT I.D. DATA:
(name, DOC #, birthdate)

HEALTH SERVICES DRUG AND ALCOHOL TESTING

Instructions: For medical treatment purposes only.

DATE	FACILITY	UNIT (optional)																																																
<input type="checkbox"/> Urine sample CLIA waived 12-drug panel																																																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">Amphetamine (AMP).....</td> <td style="width: 15%;"><input type="checkbox"/> Negative</td> <td style="width: 15%;"><input type="checkbox"/> Positive</td> <td style="width: 25%;"><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Barbiturates (BAR).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Benzodiazepine (BZO).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Buprenorphine (BUP).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Cocaine (COC).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Marijuana (THC).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Methadone (MTD).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Methamphetamine (MET).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Methylenedioxymethamphetamine (MDMA).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Opiate (MOP).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Oxycodone (OXY).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> <tr> <td>Propoxyphene (PPX).....</td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> <td><input type="checkbox"/> Positive due to medication</td> </tr> </table>			Amphetamine (AMP).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Barbiturates (BAR).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Benzodiazepine (BZO).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Buprenorphine (BUP).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Cocaine (COC).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Marijuana (THC).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Methadone (MTD).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Methamphetamine (MET).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Methylenedioxymethamphetamine (MDMA).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Opiate (MOP).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Oxycodone (OXY).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication	Propoxyphene (PPX).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication
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Propoxyphene (PPX).....	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive due to medication																																															
<input type="checkbox"/> Sent to lab – Reason: <input type="checkbox"/> Adulterated <input type="checkbox"/> Levels <input type="checkbox"/> Prescription verification <input type="checkbox"/> Other																																																		
<input type="checkbox"/> Saliva sample alcohol test																																																		
<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Positive due to medication																																																		
TYPED/STAMPED NAME AND SIGNATURE OF PROVIDER ADMINISTERING TEST																																																		

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.