

PART 1

TO RE-ORDER CALL RITE-PRINT 718/384-4288



ALLIANCE LABORATORIES

3611 14th Ave • Brooklyn, NY 11218
Tel: 718-851-5773 • Fax: 718-851-3919

PATIENT'S INFORMATION

Ordering Physician Signature	Date	Last Name	First Name	D.O.B.	<input type="checkbox"/> M <input type="checkbox"/> F
Diagnosis Code(s)		Address			
		City	State	Zip	
		SSN#	Telephone		
		Insurance	Policy #	Group#	
SPECIMEN DATA Date Collected: ___/___/___ Time: ___:___AM/PM Collector: _____ Temp: _____ Temperature read within 4 minutes and is YES / NO in the range of 32.5-37C/90.5-99.8F?		Patient Authorization I certify that the information provided on this form and on the label to the specimen bottle is accurate. I understand my signature requests that payment of authorized insurance or Medicare benefits be made either to me or on my behalf to Alliance Laboratories, for the urine testing services furnished to me by the physician. I acknowledge that Alliance Laboratories may be an out-of-network facility with my insurance provider. I authorize any holder of medical information about me to release to the insurance company or to CMS (Centers for Medicare and Medicaid Services) and its agents, any information needed to determine these benefits or the benefits payable to related services. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges, whether or not paid by said insurance. I am also aware that in some circumstances my insurance provider will send the payment directly to me for services provided.			
ORDER SPECIMEN VALIDITY TESTING YES / NO <i>Positive samples will be confirmed by LC/MS</i>		Signature: _____ Date: _____			
FOR LAB USE ONLY DATE: ___/___/___ TIME: ___:___AM/PM RECEIVED BY: _____					

PATIENT PRESCRIBED MEDICATIONS:

- | | | | | |
|----------------------------------------|--------------------------------------|----------------------------------------|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> ACTIQ | <input type="checkbox"/> DESIPRAMINE | <input type="checkbox"/> HYDROCODONE | <input type="checkbox"/> MORPHINE | <input type="checkbox"/> ROXICODONE |
| <input type="checkbox"/> ADDERALL | <input type="checkbox"/> DIAZEPAM* | <input type="checkbox"/> HYDROMORPHONE | <input type="checkbox"/> MS CONTIN | <input type="checkbox"/> SOMA |
| <input type="checkbox"/> ALPRAZOLAM* | <input type="checkbox"/> DILAUDID | <input type="checkbox"/> IMIPRAMINE | <input type="checkbox"/> NEURONTIN | <input type="checkbox"/> SUBOXONE |
| <input type="checkbox"/> AMBIEN | <input type="checkbox"/> DURAGESIC | <input type="checkbox"/> KADIAN | <input type="checkbox"/> NORCO | <input type="checkbox"/> TEMAZEPAM |
| <input type="checkbox"/> AMITRIPTYLINE | <input type="checkbox"/> ELAVIL | <input type="checkbox"/> KETAMINE | <input type="checkbox"/> NORTRIPTYLINE | <input type="checkbox"/> TRAMADOL* |
| <input type="checkbox"/> ATIVAN | <input type="checkbox"/> EMBEDA | <input type="checkbox"/> KLONOPIN | <input type="checkbox"/> NUCYNTA | <input type="checkbox"/> TYLENOL #3 |
| <input type="checkbox"/> AVINZA | <input type="checkbox"/> ENDOCET | <input type="checkbox"/> LORAZEPAM | <input type="checkbox"/> OPANA | <input type="checkbox"/> ULTRAM |
| <input type="checkbox"/> BUPRENEX | <input type="checkbox"/> FENTANYL* | <input type="checkbox"/> LORTAB | <input type="checkbox"/> OXYCODONE | <input type="checkbox"/> VALIUM |
| <input type="checkbox"/> BUPRENORPHINE | <input type="checkbox"/> FIORICET | <input type="checkbox"/> LORCET | <input type="checkbox"/> OXYCONTIN | <input type="checkbox"/> VICODIN |
| <input type="checkbox"/> BUTRANS | <input type="checkbox"/> GABAPENTIN | <input type="checkbox"/> LYRICA | <input type="checkbox"/> PERCOCET | <input type="checkbox"/> XANAX |
| <input type="checkbox"/> CLONAZEPAM* | <input type="checkbox"/> GRALISE | <input type="checkbox"/> METHADONE | <input type="checkbox"/> RESTORIL | |

ALLIANCE DRUG PANEL (SEE BELOW)

- | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ALCOHOL
ETHANOL | <input type="checkbox"/> BARBITURATES
PHENOBARBITAL
BUTABARBITAL
SECOBARBITAL
PENTOBARBITAL
BUTALBITAL | <input type="checkbox"/> ILLICITS
6-MAM (HEROIN)*
a-PVP
BENZOYLECGONINE
LSD
MDA
MDEA
MDMA
MDPV
MEPHEDRONE
METHCATHINONE
METHYLONE
PCP
THC*
◦ CBD
25I-NBOMe | <input type="checkbox"/> MUSCLE RELAXANTS
CARISPRODOL
MEPROBAMATE | <input type="checkbox"/> OPIOIDS (SYN)
FENTANYL*
MEPERIDINE
NALOXONE
METHADONE* |
| <input type="checkbox"/> AMPHETAMINES
AMPHETAMINE
METHAMPHETAMINE
METHYLPHENEDATE | <input type="checkbox"/> BENZODIAZEPINES
ALPRAZOLAM*
CLONAZEPAM*
DIAZEPAM
FLUNITRAZEPAM*
FLURAZEPAM*
LORAZEPAM
OXAZEPAM
TEMAZEPAM
TRIAZOLAM* | | <input type="checkbox"/> OPIOIDS (NATURAL)
CODEINE
MORPHINE | <input type="checkbox"/> NON-OPIOID ANALGESICS
TRAMADOL
TAPENTADOL |
| <input type="checkbox"/> ANTICONSULSIVES
GABAPENTIN
PREGABALIN | | | <input type="checkbox"/> OPIOIDS (SEMI-SYN)
BUPRENORPHINE*
DIHROCODEINE
DESOMORPHINE
HYDROCODONE
HYDROMORPHONE
OXYCODONE
OXYMORPHONE | <input type="checkbox"/> NON-BENZODIAZEPINE HYPNOTIC
ZOLPIDEM* |
| <input type="checkbox"/> ANTIDEPRESSANTS
AMITRIPTYLINE
DOXEPIN
IMIPRIMINE
NORTRIPTYLINE
DESIPRAMINE | | | | <input type="checkbox"/> MISCELLANEOUS DRUGS
DEXTROMETHORPHAN
KETAMINE
COTININE
PHENTERMINE |

Additional Requested Drugs: _____

*Includes Metabolite

1001

1001	1001	1001
1001	1001	1001

* FPO FOR AFFIXED LABEL