

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#	
<b>SPECIMEN DATA</b> 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?		<b>Patient Authorization</b> 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.			
<b>ORDER SPECIMEN VALIDITY TESTING YES / NO</b> <i>Positive samples will be confirmed by LC/MS</i>		Signature: _____ Date: _____			
<b>FOR LAB USE ONLY</b> 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"/> <b>ALCOHOL</b><br>ETHANOL  | <input type="checkbox"/> <b>BARBITURATES</b><br>PHENOBARBITAL<br>BUTABARBITAL<br>SECOBARBITAL<br>PENTOBARBITAL<br>BUTALBITAL   | <input type="checkbox"/> <b>ILLICITS</b><br>6-MAM (HEROIN)*<br>a-PVP<br>BENZOYLECGONINE<br>LSD<br>MDA<br>MDEA<br>MDMA<br>MDPV<br>MEPHEDRONE<br>METHCATHINONE<br>METHYLONE<br>PCP<br>THC*<br>◦ CBD<br>251-NBOMe | <input type="checkbox"/> <b>MUSCLE RELAXANTS</b><br>CARISPRODOL<br>MEPROBAMATE   | <input type="checkbox"/> <b>OPIOIDS (SYN)</b><br>FENTANYL*<br>MEPERIDINE<br>NALOXONE<br>METHADONE*             |
| <input type="checkbox"/> <b>AMPHETAMINES</b><br>AMPHETAMINE<br>METHAMPHETAMINE<br>METHYLPHENEDATE                         | <input type="checkbox"/> <b>BENZODIAZEPINES</b><br>ALPRAZOLAM*<br>CLONAZEPAM*<br>DIAZEPAM<br>FLUNITRAZEPAM*<br>FLURAZEPAM*<br>LORAZEPAM<br>OXAZEPAM<br>TEMAZEPAM<br>TRIAZOLAM* |  | <input type="checkbox"/> <b>OPIOIDS (NATURAL)</b><br>CODEINE<br>MORPHINE   | <input type="checkbox"/> <b>NON-OPIOID ANALGESICS</b><br>TRAMADOL<br>TAPENTADOL                                |
| <input type="checkbox"/> <b>ANTICONSULSIVES</b><br>GABAPENTIN<br>PREGABALIN   |  |  | <input type="checkbox"/> <b>OPIOIDS (SEMI-SYN)</b><br>BUPRENORPHINE*<br>DIHROCODEINE<br>DESOMORPHINE<br>HYDROCODONE<br>HYDROMORPHONE<br>OXYCODONE<br>OXYMORPHONE | <input type="checkbox"/> <b>NON-BENZODIAZEPINE HYPNOTIC</b><br>ZOLPIDEM*                                       |
| <input type="checkbox"/> <b>ANTIDEPRESSANTS</b><br>AMITRIPTYLINE<br>DOXEPIN<br>IMIPRIMINE<br>NORTRIPTYLINE<br>DESIPRAMINE |  |  |  | <input type="checkbox"/> <b>MISCELLANEOUS DRUGS</b><br>DEXTROMETHORPHAN<br>KETAMINE<br>COTININE<br>PHENTERMINE |

Additional Requested Drugs: \_\_\_\_\_

\*Includes Metabolite

## 1001

1001	1001	1001
1001	1001	1001

\* FPO FOR AFFIXED LABEL

PART 2

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



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### 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#	
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<b>ORDER SPECIMEN VALIDITY TESTING YES / NO</b> <i>Positive samples will be confirmed by LC/MS</i>		Signature: _____ Date: _____			
<b>FOR LAB USE ONLY</b> DATE: ___/___/___ TIME: ___:___AM/PM RECEIVED BY: _____					

### PATIENT PRESCRIBED MEDICATIONS:

- |  |                                      |  |  |                                     |
|--|--------------------------------------|--|--|-------------------------------------|
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| <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   |
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Additional Requested Drugs: \_\_\_\_\_

\*Includes Metabolite



BACKER ALL PARTS

F10.1 - F10.99	Alcohol related disorders
F11.10 - F11.99	Opioid related disorders
F11.12 - F12.99	Cannabis related disorders
F13.10 - F13.99	Sedative, hypnotic, anxiolytic related disorders
F14.10 - F14.99	Cocaine related disorders
F15.10 - F15.99	Other stimulant related disorders
F16.10 - F16.99	Hallucinogen related disorders
F19.10 - F19.99	Other psychoactive substance related disorders
G89.4	Chronic pain syndrome
M54.5	Low back pain
R30.20	Coma, unspecified
R40.4	Transient alteration of awareness
R40.3	Persistent vegetative state
R40.0	Somnolence
R40.1	Stupor
R40.2	Dizziness and giddiness
R26.0 - R26.9	Abnormalities of gait
R27.0 - R27.9	Lack of coordination
R00.0	Tachycardia, unspecified
R06.4	Hyperventilation
Z79.891	Long-term (current) use of other opiate analgesic
Z79.899	Long-term (current) use of other medications