# CENTRAL MEDICAL LABORATORY

18012 Cowan Ave, STE #250 Irvine, CA 92614

**ALL DELIVERIES GO TO THE IRVINE LOCATION**

2601 N. 3rd ST. Phoenix, AZ 85004

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TEL:(800) 621-1828
FAX:(949) 610-1758

| PATIENT'S NAME | SEX | D.O.B. | REFERRING PHYSICIAN |
|---|---|---|---|
| LAST FIRST M.I. | | | |
| PATIENT'S ADDRESS TELEPHONE | | | (Doctor's Name) |
| CITY STATE ZIP CODE | ❑ STAT (ADDITIONAL FEE FOR PICK UP) | | (Clinic's Address) |
| BILLTO: ❑ CLIENT ❑ MEDICARE ❑ MEDI-CAL ❑ INSURANCE ❑ PATIENT | MEDICARE NO. / PATIENT ID / MEDI-CAL NO. / ISSUE DATE / PLAN NAME / INSURANCE COMPANY / CARRIER / ADDRESS / SUBSCRIBER NO. / GROUP NO. | | T (Phone Number) F (FAX Number) |
| DIAGNOSIS CODES (ICD-10) | | | |

❑ **NO POCT PERFORMED.** *Lab requested to perform screening levels*

Time Collected: _____ ❑AM/❑PM

Date Collected: _____

❑Temperature checked within 4 minutes of collection and is between 90-100°F or 32-38°C Collected by: _____

## PRESCRIBED MEDICATIONS

❑ **PATIENT NOT ON ANY PRESCRIBED MEDICATIONS**

| | | | | |
|---|---|---|---|---|
| ❑ AMITRIPTYLINE | ❑ DESIPRAMINE | ❑ KETAMINE | ❑ OXAZEPAM | ❑ TRAMADOL |
| ❑ AMPHETAMINE-ADDERALL | ❑ DIAZEPAM | ❑ LORAZEPAM | ❑ OXYCODONE | ❑ ZOLPIDEM |
| ❑ SUBOXONE (BUPRENORPHINE) | ❑ DOXEPIN | ❑ MEPERIDINE –DEMREOL | ❑ OXYMORPHONE | ❑ CONCERTA |
| ❑ BUTALBITAL – FIORICET | ❑ DULOXETINE | ❑ METHADONE | ❑ PHENOBARBITAL | ❑ OTHER_____ |
| ❑ CARISOPRODOL | ❑ FENTANYL –DURAGESIC | ❑ METHAMPHETAMINE | ❑ PREGABALIN –LYRICA | ❑ OTHER_____ |
| ❑ CLONAZEPAM | ❑ GABAPENTIN | ❑ MORPHINE | ❑ PROPOXYPHENE | ❑ OTHER_____ |
| ❑ CODEINE | ❑ HYDROCODONE/VICODIN/NORCO | ❑ NALOXONE | ❑ TAPENTADOL | ❑ OTHER_____ |
| ❑ CYCLOBENAPRINE | ❑ HYDROMORPHONE | ❑ NORTIPTYLINE | ❑ TEMAZEPAM -RESTORIL | |

## TOXICOLOGY PANELS

**7200 ❑ URINECHECK 7 ADULTERATION**

**6125 ❑ URINE DRUG SCREEN WITH REFLEX TO LCMS IF POSITIVE****
- AMPHETAMINES
- BARBITURATES
- BENZODIAZEPINE
- BUPRENORPHINE
- CANNABINOID
- COCAINE METABOLITE
- ECSTASY (MDMA)
- HEROIN METABOLITE
- TRICYCLIC ANTIDEPRESSANTS
- METHADONE
- OPIATES
- OXYCODONE
- PHENCYCLIDINE (PCP)

**7000 ❑ COMPREHENSIVE DRUG ANALYSIS (LCMS)***
- OPIATES
- AMPHETAMINES
- DRUGS OF ABUSE
- SYNTHETIC OPIOIDS
- MUSCLE RELAXANTS
- ANTIDEPRESSANTS
- BARBITUATES
- BENZODIAZEPINES
- SEDATIVES

**7150 ❑ OPIATES***
- MORPHINE
- OXYMORPHONE
- CODEINE
- HYDROCODONE
- HYDROMORPHONE
- OXYCODONE

**7151 ❑ AMPHETAMINES***
- AMPHETAMINE
- METHYLONE
- METHAMPHETAMINE
- MDMA
- MDPV

**7152 ❑ DRUGS OF ABUSE***
- THC
- BENZOYLECGONINE
- 6-MAM
- PHENOCYLIDINE

**7153 ❑ SYNTHETIC OPIOIDS***
- EDDP-METHADONE METABOLITE
- METHADONE
- PROPOXYPHENE
- FENTANYL
- MEPERIDINE
- NORFENTANYL
- NORMEPERIDINE
- TAPENTADOL
- TRAMADOL
- BUPRENORPHINE FREE FORM
- NORBUPRENORPHINE
- O-DESMETHYLTRAMADOL

**7154 ❑ MUSCLE RELAXANTS***
- MEPROBAMATE
- CYCLOBENZAPRINE

**7155 ❑ ANTIDEPRESSANTS***
- AMITRIPTYLINE
- DESIPRAMINE
- DULOXETINE
- NORTRIPTYLINE
- IMIPRAMINE

**7156 ❑ BARBITURATES***
- BUTALBITAL
- PHENOBARBITAL
- SECOBARBITAL
- PENTOBARBITAL/AMOBARBITAL

**7157 ❑ BENZODIAZEPINES***
- ALPHAHYDROXYALPRAZOLAM
- LORAZEPAM
- OXAZEPAM
- 7-AMINOCLONAZEPAM (METABOLITE)
- ALPRAZOLAM
- NORDIAZEPAM
- TEMAZEPAM

**7158 ❑ SEDATIVES***
- ZOLPIDEM

ABOVE ORDERED TESTS ARE MEDICALLY NECESSARY. PHYSICIAN/PROVIDER'S SIGNATURE: _____

PATIENT ACKNOWLEDGEMENT OF TESTS ORDERED. PATIENT'S SIGNATURE: _____

MEDICARE WILL ONLY PAY FOR TEST THAT MEET THE MEDICARE CRITERIA AND ARE REASONABLE AND NECESSARY TO TREAT OR DIAGNOSIS AN INDIVIDUAL PATIENT.

* Indicates panels. (Details on back)