

Pain Management Services Request Form

Toll Free Ph: (800) 327-2764 Toll Free Fax: (855) 3494-PCL	SEX: <input type="checkbox"/> M <input type="checkbox"/> F SPECIMEN TYPE: <input type="checkbox"/> URINE <input type="checkbox"/> ORAL	ACCESSION #
PATIENT NAME: LAST FIRST M		
DATE OF BIRTH: PATIENT S.S. #: COLLECTION DATE: COLLECTION TIME: AM PM		
PATIENT PHONE #: CURRENT PRESCRIBED MEDICATION:		
PATIENT ADDRESS (STREET ADDRESS, APT):		
CITY, STATE, ZIP:		

Provider Signature _____

Additional Tests

CMS requires that physicians/healthcare providers shall only order tests that are medically necessary for the diagnosis and treatment of this patient

BILL TO:

*MAGELLAN *COMMERCIAL INS CLIENT
 *MEDICARE *WORKER'S COMPENSATION PATIENT
 *MEDICAID *AUTO INSURANCE OTHER _____

*PLEASE ATTACH COPY OF INSURANCE CARD/INFORMATION

INSURANCE NAME AND/OR ID: _____

DIAGNOSIS CODES (ICD-10): _____

WOULD LIKE REPORT BY:

FAX #: _____ ONLINE ACCESS TO WEB RESULT PORTAL
 EMAIL: _____ (PLEASE PROVIDE EMAIL ADDRESS)
 MAIL: _____ EMR INTERFACE

LC/MS/MS PANELS PRESCRIPTION MEDICATION CONFIRMATIONS

<p><input type="checkbox"/> 1001 AMPHETAMINES PANEL BY LC/MS/MS Amphetamine Methamphetamine MDMA MDA MDEA</p> <p><input type="checkbox"/> 1003 BARBITURATES PANEL BY LC/MS/MS Butalbital Pentobarbital Phenobarbital Secobarbital</p> <p><input type="checkbox"/> 1004 BENZODIAZEPINES PANEL BY LC/MS/MS 2-Hydroxyethylflurazepam Midazolam 7-Aminoclonazepam Nordiazepam Alprazolam OH-Alprazolam Chlordiazepoxide OH-Midazolam Clonazepam (Klonopin) OH-Triazolam Desalkylflurazepam Oxazepam Diazepam Prazepam Lorazepam Temazepam Zolpidem</p> <p><input type="checkbox"/> 1005 BUPRENORPHINE PANEL BY LC/MS/MS Buprenorphine Naloxone Norbuprenorphine</p> <p><input type="checkbox"/> 1006 COCAINE PANEL BY LC/MS/MS Benzoylcegonine Cocaine</p>	<p><input type="checkbox"/> 1007 METHADONE PANEL BY LC/MS/MS EDDP Methadone</p> <p><input type="checkbox"/> 1008 OPIATES PANEL BY LC/MS/MS 6-Acetyl Morphine (Heroin Metabolite) Norhydrocodone Codeine Noroxycodone Hydrocodone Noroxymorphone Hydromorphone Oxycodone Morphine Oxymorphone</p> <p><input type="checkbox"/> 1009 PROPOXYPHENE PANEL BY LC/MS/MS Norpropoxyphene Propoxyphene</p> <p><input type="checkbox"/> 1002 ANTIDEPRESSANTS PANEL BY LC/MS/MS Amitriptyline Norclomipramine Clomipramine Nordoxepin Desipramine Nortriptyline Doxepin Sertraline Fluoxetine Trimipramine Imipramine</p> <p>ADDITIONAL TESTS BY LC/MS/MS</p> <p><input type="checkbox"/> 1010 Bath Salts Panel</p> <p><input type="checkbox"/> 0152 Dextromethorphan</p> <p><input type="checkbox"/> 0138 Diphenhydramine</p> <p><input type="checkbox"/> 1011 K-2 Spice Panel</p> <p><input type="checkbox"/> 0050 Phencyclidine (PCP)</p> <p><input type="checkbox"/> 0051 THC Delta 9</p> <p>ADDITIONAL TESTS BY EIA</p> <p><input type="checkbox"/> 229 Cotinine</p> <p><input type="checkbox"/> 2017 Drug Screen Panel</p> <p><input type="checkbox"/> 231 Ethyl Glucuronide</p> <p><input type="checkbox"/> 2001 Specimen Validity</p> <p><input type="checkbox"/> CONFIRM ALL PRESCRIBED MEDICATION</p> <p><input type="checkbox"/> CONFIRM ALL POSITIVE DRUG SCREENS (EIA) BY LC/MS/MS</p>	<p><input type="checkbox"/> 0113 Alprazolam (Xanax)</p> <p><input type="checkbox"/> 0042 Amitriptyline (Elavil)</p> <p><input type="checkbox"/> 0035 Amobarbital</p> <p><input type="checkbox"/> 0004 Amphetamine (Adderall)</p> <p><input type="checkbox"/> 0017 Buprenorphine (Suboxone, Subutex)</p> <p><input type="checkbox"/> 0008 Butalbital (Esgic, Fioricet)</p> <p><input type="checkbox"/> 0018 Carisoprodol (Soma)</p> <p><input type="checkbox"/> 0055 Chlordiazepoxide (Librium)</p> <p><input type="checkbox"/> 0058 Clonazepam (Klonopin)</p> <p><input type="checkbox"/> 0019 Codeine (Tylenol III, Tylenol IV)</p> <p><input type="checkbox"/> 0060 Cyclobenzaprine (Flexeril, Amrix)</p> <p><input type="checkbox"/> 0011 Diazepam (Valium)</p> <p><input type="checkbox"/> 0046 Desipramine (Norpramine, Pertofrane)</p> <p><input type="checkbox"/> 0129 Doxepin (Deptran, Sinequan)</p> <p><input type="checkbox"/> 0023 Fentanyl (Actiq, Duragesic, Fentora)</p> <p><input type="checkbox"/> 0136 Fluoxetine (Prozac)</p> <p><input type="checkbox"/> 0059 Gabapentin (Neurontin)</p> <p><input type="checkbox"/> 0024 Hydrocodone (Lorcet, Lortab, Norco, Vicodin)</p> <p><input type="checkbox"/> 0025 Hydromorphone (Dilaudid, Exalgo)</p> <p><input type="checkbox"/> 0044 Imipramine (Tofranil)</p> <p><input type="checkbox"/> 0013 Lorazepam (Ativan)</p> <p><input type="checkbox"/> 0026 Meperidine (Demerol)</p> <p><input type="checkbox"/> 0027 Meprobamate</p> <p><input type="checkbox"/> 0028 Methadone (Dolophine)</p> <p><input type="checkbox"/> 0096 Methylphenidate (Ritalin)</p> <p><input type="checkbox"/> 0029 Morphine (Avinza, Kadian, Ms Contin)</p> <p><input type="checkbox"/> 0122 Naltrexone (Vivitrol)</p> <p><input type="checkbox"/> 0043 Nortriptyline (Aventyl)</p> <p><input type="checkbox"/> 0015 Oxazepam (Serax)</p> <p><input type="checkbox"/> 0036 Oxycodone (Oxycontin, Percocet, Roxicodone)</p> <p><input type="checkbox"/> 0037 Oxymorphone (Opana)</p> <p><input type="checkbox"/> 0086 Pentobarbital (Nembutal)</p> <p><input type="checkbox"/> 0009 Phenobarbital (Luminal, Solfoton)</p> <p><input type="checkbox"/> 0038 Pregabalin (Lyrica)</p> <p><input type="checkbox"/> 0137 Quetiapine (Seroquel)</p> <p><input type="checkbox"/> 0048 Sertraline (Zoloft)</p> <p><input type="checkbox"/> 0040 Tapentadol (Nucynta)</p> <p><input type="checkbox"/> 0016 Temazepam (Restoril)</p> <p><input type="checkbox"/> 0041 Tramadol (Ultram, Ryzolt, Synpryn)</p> <p><input type="checkbox"/> 0062 Zaleplon (Sonata)</p> <p><input type="checkbox"/> 0063 Zolpidem (Ambien)</p> <p><input type="checkbox"/> 0061 Zopiclone (Zimovane, Imovane)</p> <p><input type="checkbox"/> Other _____</p>
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I authorize the release of any medical information necessary to process this claim and request payment of benefits to the laboratory. I permit a copy of this authorization to be used in place of the original

PATIENT SIGNATURE _____ DATE _____