Woodhills Labs

Lab Director: Dr. Satish Chundru
CLIA: 45D2110928
7589 Preston Rd, Ste 700
Frisco, TX 75034
(P) 469-579-4620 (F) 469-579-4610

PATIENT INFORMATION

First Name _____

Last Name _____

DOB ____/____/____ ☐ Male ☐ Female

PHYSICIAN INFORMATION

Please attach office information stamp or label inside the box.

DATE OF COLLECTION

/ /

TIME OF COLLECTION

:

IMPORTANT, PLEASE CHECK HERE IF:

☐ Initial drug screen was performed at the doctor's office.

DIAGNOSIS CODE(S)

_____ _____ _____ _____

_____ _____ _____ _____

TESTING OPTION

☐ Screen & Quantitative Confirmation **(TOXICOLOGY PANEL)**
☐ Perform Tests Indicated on Requisition
☐ Screen, Confirm Positives & Medication List*

PRESCRIBED MEDICATIONS

Note: Indicating a medication does not constitute a test request. Test requests are indicated in a separate section on this requisition.

☐ Alprazolam
☐ Amitriptyline
☐ Amphetamine
☐ Buprenorphine
☐ Carisoprodol
☐ Clonaze pam
☐ Codeine
☐ Cyclobenzaprine
☐ Desipramine
☐ Diazepam
☐ Fentanyl
☐ Gabapentin
☐ Hydrocodone
☐ Hydromorphone
☐ Imipramine
☐ Lorazepam
☐ Methadone
☐ Methamphetamine
☐ Morphine
☐ Oxazepam
☐ Oxycodone
☐ Oxymorphone
☐ Pregablin
☐ Tapentadol
☐ Suboxone
☐ Temazepam
☐ Tramadol
☐ Zolpidem
☐ Other _____
☐ Other _____

TOXICOLOGY PANEL

☐ DRUGS SCREEN

☐ Methamphetamine ☐ Oxycodone ☐ Benzodiazepine ☐ Amphetamine ☐ Opiate ☐ Cannabinoids ☐ TCA
☐ Cocaine ☐ Methadone ☐ Barbiturate ☐ 6-Acetylmorphine ☐ Ethanol ☐ Buprenorphine ☐ Phencyclidine

☐ Creatinine
☐ PH
☐ Specific Gravity
☐ Oxidants

☐ DRUGS CONFIRMATION

☐ OPIATES
- ☐ Hydrocodone
- ☐ Hydromorphone
- ☐ Oxycodone
- ☐ Oxymorphone
- ☐ Morphine
- ☐ Codeine
- ☐ Noroxycodone
- ☐ Norhydrocodone

☐ OPIOIDS
- ☐ Fentanyl
- ☐ Norfentanyl
- ☐ Tramadol
- ☐ Desmethyl-Tramadol
- ☐ Tapentadol

☐ ANTIPSYCHOTIC
- ☐ Quetiapine

☐ ANTICONVULSANT
- ☐ Topiramate

☐ BARBITURATES
- ☐ Phenobarbital
- ☐ Butalbital

☐ ILLICIT DRUGS
- ☐ THC/Cannabinoids Metabolite
- ☐ Benzoylecgonine (Cocaine Metabolite)
- ☐ 6-Acetylmorphine (Heroine Metabolite)
- ☐ Methylenedioxy methamphetamine (MDMA)
- ☐ PCP (Phencyclidine)

☐ BUPRENORPHINE
- ☐ Buprenorphine
- ☐ Norbuprenorphine

☐ METHADONE
- ☐ Methadone
- ☐ EDDP

☐ BENZODIAZEPINES
- ☐ A-Hydroxyalprazolam
- ☐ 7-Aminoclonazepam
- ☐ Lorazepam
- ☐ Nordiazepam
- ☐ Temazepam
- ☐ Alprazolam
- ☐ Oxazepam

☐ TCA
- ☐ Amitriptyline
- ☐ Imipramine
- ☐ Desipramine

☐ SEDATIVES (SLEEP AIDS)
- ☐ Zolpidem-phenyl - 4 Carboxylic Acid

☐ ANTIDEPRESSANT
- ☐ Bupropion
- ☐ Duloxetine
- ☐ Trazodone

☐ MUSCLE RELAXANTS/RELATED
- ☐ Carisoprodol
- ☐ Meprobamate
- ☐ Cyclobenzaprine

☐ OTHER DRUGS
- ☐ Pregabalin
- ☐ Gabapentin

☐ STIMULANTS
- ☐ Amphetamine
- ☐ Methamphetamine
- ☐ Ritalinic Acid

☐ SSRI
- ☐ Fluoxetine
- ☐ Norfluoxetine
- ☐ Paroxetine
- ☐ Sertraline

*only those medications are confirmed which are included in the Drug Confirmation Panel
*Oral swabs tested for different panel

INSURANCE RELEASE/CONSENT & PATIENT'S SIGNATURE

Consent/Insurance Release: I voluntarily consent to the collection and testing of my specimen. I authorize the laboratory to release the result of this testing to the ordering facility and or my insurance company. Furthermore, I authorize my insurance benefits directly to Woodhills Labs for the services I receive.

Signature: _____ Date: _____

ORDERING PHYSICIAN'S SIGNATURE

Signature: _____ Date: _____