LABEL – LAB ONLY

LAB REQUEST FORM

Express Medical Experts
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PRACTICE INFORMATION

Facility/Clinic Name:	**Ordering Physician:**		**NPI#**
Address	**City**	**State**	**Zip Code**

PATIENT INFORMATION: Please attached medication list & patient demographic sheet or complete the following section.

First Name:	**Last Name:**	**DOB:**(MM/DD/YYYY)	**Sex: __F __M**
Phone Number:	**DOI (If applicable)**	**Email:**	
Address	**City**	**State**	**Zip Code**

Race: __ American Indian/Alaska __ Black/African American __ Multi Race __ White __ Hawaiian __ Asian

BILLING INFORMATION: Please attached patient demographic sheet or complete the following section. __ Medicare __ Tricare __ Commercial __Self-Pay

Insurance Company:	**Member ID:**		**Group Number:**

SPECIMEN INFORMATION	**Date Collected:**	**Time:**	**Collector Initials:**	**Specimen Type: ☐ Urine**

TESTING INFORMATION

☐ **Urine Drug Screening**

Includes screening for:

- Amphetamine
- Benzodiazepine
- Buprenorphine
- Cocaine
- Methamphetamine
- Opiates
- Oxycodone
- PCP
- THC

☐ Select this box to perform drug test and confirm all positives and prescribed medications.

☐ Toxicology Full Confirmation Panel (LCMS/MS Testing)

☐ BENZODIAZEPINES
- 7-aminoclonazepam
- Alpha-hydroxyalprazolam
- Alprazolam
- Diazepam
- Lorazepam
- Nordiazepam
- Oxazepam
- Temazepam

☐ ILLICITS
- MDA
- MDMA
- PCP
- Benzoylecgonine
- 6-MAM
- THC-COOH

☐ SUBOXONE/OPIOID ANTAGONIST
- Buprenorphine
- Norbuprenorphine
- Naloxone

☐ STIMULANTS/SYMPATHOMIMETIC
- Amphetamine
- Methamphetamine
- Methyphenidate

☐ MUSCLE RELAXANTS/GABAPENTINOIDS
- Carisoprodol
- Cyclobenzaprine
- Gabapentin
- Pregabalin

☐ OPIATES/OPIOIDS
- Codeine
- Morphine
- EDDP
- Methadone
- Fentanyl
- Norfentanyl
- Hydrocodone
- Hydromorphone
- O-Desmethyl-Cis-tramadol
- Tramadol
- Oxycodone
- Oxymorphone
- Tapentadol

☐ NICOTINE
- Cotinine

☐ ANTI-DEPRESSANTS
- Amitriptyline
- Desipramine
- Doxepin
- Fluoxetine
- Imipramine
- Nortriptyline

ICD-10 Treatment Codes

☐ Z79.899: Long term use of medication

☐ Z79. 891: Long term (current) use of opiate analgesic.

☐ F11.20: Opioid dependence, uncomplicated

☐ Z91.14: History of noncompliance medical treatment

☐ F14.13: Cocaine abuse

☐ G89. 4: Chronic pain syndrome

☐ Other:

_____

_____

_____

Prescribed Medication:

☐ Xanax	☐ Norco
☐ Oxycodone	☐ Ambien
☐ Hydrocodone	☐ Lyrica
☐ Morphine	☐ Suboxone
☐ Adderall	☐ Zolpidem
☐ Tramadol	☐ Gabapentin

☐ Other: _____

_____

_____

Requesting Provider Authorization:

Provider Name _____ Provider Signature _____ Date: _____

The provider certifies that the requested tests are medically necessary, that the medical necessity of requested tests is documented in the patient's chart, and the need for the requested tests has been explained to the patient. The provider also agrees to provide chart notes or other documentation within 72 hours when requested by patients and/or insurers. The provider recognizes that the Centers for Medicare and Medicaid Services (CMS) and, increasingly, commercial insurers hold that toxicology confirmation testing is indicated when a toxicology screen is not consistent with the patient's medical history, prescribed medications, clinical presentation or the patient's own statements. Toxicology confirmation testing may also be medically necessary when the provider determines toxicology screening will not provide the necessary breadth or quantification of results to meet the patient's medical needs.