



PH: 224 209 2866 | FAX: 217 336 2413  
915 Busse Rd. Elk Grove Village, IL 60007

# Laboratory Order Form

meditechcs.com

## Urine Sample Information

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_ Temp read within 4 mins.  
range of 32.2-37.3 °C  Y  N  
(90-100°F)

## Patient Information *(Attach a copy of insurance card(s) - front and back)*

Last Name		First Name	
Street Address			
City		State	Zip
SSN		Phone Number	
Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Medications <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please select from Medications list on back of form)</i>			

## Provider Information

Provider Name		
Facility Name		Provider NPI
Street Address		
		State Zip
Secondary Insurance Name	Policy/Member ID #	Group #
ICD-10 Diagnosis Codes		

### ICD-10 Office Visit Code *(minimum 2 required)*

- F10.20 Alcohol dependence, uncomplicated
- F11.20 Opioid dependence, uncomplicated
- F18.20 Inhalant dependence, uncomplicated
- Z79.891 Long term (current) use of opiate analgesic
- Z71.51 Drug abuse counseling and surveillance of drug abuse
- Z79.899 Other long term (current) drug therapy

I hereby provide my consent for the prescribed laboratory tests under the direction of my healthcare provider and understand the significance of these tests for my medical care.

I authorize Miratech Laboratory Services to bill my insurance providers, including Medicare and Medicaid. I acknowledge that some laboratory tests may not be covered by my insurance, including Medicare or Medicaid. In such cases, I understand that I am solely responsible for the payment of any uncovered services. This includes, but is not limited to, deductibles, co-payments, and services not deemed medically necessary by my insurance provider.

I grant permission for the release of my medical information to my healthcare provider(s) for treatment purposes. I also consent to electronic data transmission for billing. It is my duty to keep Miratech informed of insurance or contact changes. My health information's confidentiality will be maintained according to laws and regulations. I retain the right to refuse any specific tests or procedures. My signature below signifies my understanding and agreement to comply with these terms.

**Patient Signature:**

## Provider Test(s) Requested

*(Select drug classes or circle individual drugs of interest)*

**Presumptive Drug Screen and Validity Testing by Immunoassay**  
Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Opiates, Oxycodone

**Comprehensive Drug Confirmation By LCMS**  
*Perform quantitative definitive testing on positive presumptive drug screen results or unexpected negative results for prescribed medications*

**Antidepressants**  
Amitriptyline, Bupropion, Citalopram, Desipramine, Doxepin, Fluoxetine, Imipramine, Mirtazapine, Paroxetine, Sertraline, Trazodone

**Antipsychotics**  
Haloperidol, Olanzapine, Quetiapine, Risperidone

**Antitussives**  
Dextromethorphan

**Barbiturates**  
Amobarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital

**Benzodiazepines**  
Alprazolam, Clonazepam, Diazepam, Lorazepam, Oxazepam, Temazepam

**Antidepressants**  
Amitriptyline, Bupropion, Citalopram, Desipramine, Doxepin, Fluoxetine, Imipramine, Mirtazapine, Paroxetine, Sertraline, Trazodone

**Illicits**  
Benzoyllecgonine (Cocaine), 6-MAM (Heroin), Ketamine, MOMA (Ecstasy), MDPV, Mephedrone, Methamphetamine, Methylene, Phencyclidine (PCP)

**Marijuana**  
THC-COOH

**Muscle Relaxants**  
Cyclobenzaprine

**Nerve Pain / Sedatives**  
Carisoprodol, Gabapentin, Pregabalin, Zolpidem

**Nicotine**  
Cotinine

**Opioids/Opiates**  
Buprenorphine, Codeine, Fentanyl, Hydrocodone, Hydromorphone, Methadone, Meperidine, Morphine, Naloxone, Naltrexone, Oxycodone, Oxymorphone, Tapentadol, Tramadol

**Stimulants**  
Amphetamine, Methylphenidate, Ritalinic Acid

## Ordering Provider Information

**I understand the purpose of this consent for use of my electronic signature and this has been explained to me. I hereby acknowledge and consent to my signature being used electronically on future laboratory orders by the above laboratory.**

By their signature below, the ordering healthcare provider authorizes performance of the test(s) and indicates that he or she has explained the purpose of the test, the procedures, the benefits and the risks that are involved in testing to their patient and obtained the patient's informed consent in accordance with state and local laws.

**The testing ordered above is part of the patient's medical and treatment plan and is medically necessary.**

**Provider Signature:**

**Date:**

## Medications

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alprazolam (Xanax)<br><input type="checkbox"/> Amitriptyline (Elavil)<br><input type="checkbox"/> Amobarbital<br><input type="checkbox"/> Amphetamine (Adderall, Vyvanse)<br><input type="checkbox"/> Buprenorphine (Butrans, Subutex)<br><input type="checkbox"/> Bupropion (Wellbutrin)<br><input type="checkbox"/> Butabarbital<br><input type="checkbox"/> Butalbital (Floracet, Fiorinal)<br><input type="checkbox"/> Carisoprodol (Soma)<br><input type="checkbox"/> Citalopram (Celexa)<br><input type="checkbox"/> Clonazepam (Klonopin)<br><input type="checkbox"/> Codeine<br><input type="checkbox"/> Cyclobenzaprine (Flexeril)<br><input type="checkbox"/> Desipramine (Norprami)<br><input type="checkbox"/> Dextromethorphan (Robitussin)<br><input type="checkbox"/> Diazepam (Valium)<br><input type="checkbox"/> Fentanyl (Duragesic)<br><input type="checkbox"/> Fluoxetine (Prozac) | <input type="checkbox"/> Gabapentin (Neurontin)<br><input type="checkbox"/> Haloperidol (Haldol)<br><input type="checkbox"/> Hydrocodone (Vicodin, Lorcet, Norco, Lortab, Zohyd)<br><input type="checkbox"/> Hydromorphone (Dilaudid)<br><input type="checkbox"/> Lorazepam (Ativan)<br><input type="checkbox"/> Meperidine (Demerol)<br><input type="checkbox"/> Meprobamate (Miltown)<br><input type="checkbox"/> Methadone<br><input type="checkbox"/> Methylphenidate<br><input type="checkbox"/> Midazolam<br><input type="checkbox"/> Morphine (MS Contin, MSIR)<br><input type="checkbox"/> Naloxone<br><input type="checkbox"/> Naltrexone (Vivitrol)<br><input type="checkbox"/> Nordiazepam<br><input type="checkbox"/> Normeperidine<br><input type="checkbox"/> Nortriptyline (Aventyl)<br><input type="checkbox"/> Olanzapine (Zyprexa) | <input type="checkbox"/> Oxazepam (Serax)<br><input type="checkbox"/> Oxycodone (Percocet, Targiniq, Oxycontin, Roxlacet)<br><input type="checkbox"/> Oxymorphone (Opana)<br><input type="checkbox"/> Paroxetine (Paxil)<br><input type="checkbox"/> Phenobarbital<br><input type="checkbox"/> Pregabalin (Lyrica)<br><input type="checkbox"/> Quetiapine (Seroquel)<br><input type="checkbox"/> Risperidone (Risperdal)<br><input type="checkbox"/> Ritalin/c acid<br><input type="checkbox"/> Secobarbital (Seconal)<br><input type="checkbox"/> Sertraline (Zoloft)<br><input type="checkbox"/> Suboxone<br><input type="checkbox"/> Tapentadol (Nucynta)<br><input type="checkbox"/> Tramadol (Ultram)<br><input type="checkbox"/> Trazodone<br><input type="checkbox"/> Temazepam (Restoril)<br><input type="checkbox"/> Venlafaxine (Effexor)<br><input type="checkbox"/> Zolpidem (Ambien)<br><input type="checkbox"/> Other |
|--|--|---|

### Treatment / Testing Reason: Must select at least one

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Substance Use Disorder<br><input type="checkbox"/> Chronic Opioid Therapy | <input type="checkbox"/> Therapeutic Drug Level Monitoring<br><input type="checkbox"/> Methadone Management | <input type="checkbox"/> Long Term Drug Therapy Consideration |
|--|---|---|

### Type of use: Must select at least one

- |   |   |
|---|---|
| <input type="checkbox"/> Compliant Therapeutic use<br><small>(no abuse, dependence, or complication) (F code would not be appropriate)</small><br><input type="checkbox"/> Use Disorder, mild | <input type="checkbox"/> Opioid Abuse with opioid-induced mood disorder<br><input type="checkbox"/> Opioid Dependence with opioid-induced mood disorder |
|---|---|

### Type of use: Must select at least one

- |  |   |
|--|---|
| <p><b>Opioid Abuse with</b></p> <input type="checkbox"/> opioid-induced psychotic disorder; unspecified<br><input type="checkbox"/> opioid-induced psychotic disorder; delusions<br><input type="checkbox"/> opioid-induced psychotic disorder; hallucinations<br><input type="checkbox"/> opioid-induced psychotic disorder; sleep disorder | <p><b>Opioid Dependence with</b></p> <input type="checkbox"/> opioid-induced psychotic disorder; unspecified<br><input type="checkbox"/> opioid-induced psychotic disorder; delusions<br><input type="checkbox"/> opioid-induced psychotic disorder; hallucinations<br><input type="checkbox"/> opioid-induced psychotic disorder; sleep disorder |
| <p><b>Substance Abuse</b></p> <input type="checkbox"/> uncomplicated<br><input type="checkbox"/> in remission<br><input type="checkbox"/> with intoxication, uncomplicated<br><input type="checkbox"/> with intoxication, delirium<br><input type="checkbox"/> with intoxication, unspecified<br><input type="checkbox"/> with withdrawal    | <p><b>Substance Dependence</b></p> <input type="checkbox"/> uncomplicated<br><input type="checkbox"/> in remission<br><input type="checkbox"/> with intoxication, uncomplicated<br><input type="checkbox"/> with intoxication, delirium<br><input type="checkbox"/> with intoxication, unspecified<br><input type="checkbox"/> with withdrawal    |