



River Town Diagnostics
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 Jacksonville, FL 32244 Phone: (904) 619-9299
 Email: support@rivertowndx.net CLIA# 10D2173247

PRACTICE INFORMATION

TOXICOLOGY REQUISITION FORM Please see Reverse side to Complete Form

PATIENT INFORMATION – IMPORTANT –Include a current medication list AND a patient face sheet OR complete next two sections below and include photocopy of insurance card (front and back).

First Name	Last Name	Phone Number	Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M
DOB (MM/DD/YYYY)	DOD (if applicable)	Email ID	
Address		City	State ZIP

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown **Race:** American Indian/Alaska Native Asian Black/African American Multi Race Native Hawaiian/Pacific Isles White Other

PATIENT INSURANCE INFORMATION –Attach patient demographics and copy of insurance card Medicare Commercial Medicaid

SPECIMEN INFORMATION*

Both Screen and Confirmation <input type="checkbox"/> Urine	Clinical Drug Screen <input type="checkbox"/> Urine	Confirmation <input type="checkbox"/> Urine	Collection Time AM/PM:
Validity Testing: pH, specific gravity, and creatinine testing will be performed on all specimens			Collection Date:

TEST ORDER: PLEASE MAKE A PANEL SELECTION FROM THE FOLLOWING LIST:

<input type="checkbox"/> Toxicology Drug Screen <input type="checkbox"/> Select this box to reflex positive result to confirmation Amphetamine Barbiturates Benzodiazepine - EIA Cocaine - EIA Buprenorphine Methamphetamine ETG - EIA Opiates - EIA Oxycodone PCP THC	<input type="checkbox"/> Full Confirmation <input type="checkbox"/> Anti-Depressants Amitriptyline Nortriptyline Citalopram Desmethyldoxepin Paroxetine Sertaline <input type="checkbox"/> Benzodiazepines Alprazolam Alpha-hydroxy alprazolam Nordiazepam Oxazepam Temazepam 7-Aminoclonazepam Lorazepam <input type="checkbox"/> Illicits 6-Acetyl morphine Benzoyllecgonine MDA MDMA PCP THC-11-Nor-Delta-9-Carboxy <input type="checkbox"/> Muscle Relaxants / Neuropathics Carisoprodol Meprobamate Cyclobenzaprine Gabapentin Pregabalin Ketamine	<input type="checkbox"/> Opiates/Opioids Codeine Morphine Hydrocodone Hydromorphone Fentanyl Norfentanyl Oxycodone Oxymorphone Methadone EDDP Naltrexone Tramadol O-Desmethyl-Cis-Tramadol Tapentadol Norhydrocodone Noroxycodone <input type="checkbox"/> Sedative Zolpidem <input type="checkbox"/> Stimulants Amphetamine Methamphetamine Methylphenidate <input type="checkbox"/> Suboxone Panel Buprenorphine Norbuprenorphine Naloxone	<input type="checkbox"/> F19.20 - Unspecified Drug dependence unspecified use <input type="checkbox"/> Z91.14 - History of Noncompliance with medical treatment <input type="checkbox"/> Z79.891 - Opioids <input type="checkbox"/> Z79.899 - Long term use of 'other' medications <input type="checkbox"/> E87.2 - Acidosis <input type="checkbox"/> F10.130 - Alcohol abuse with withdrawal, uncomplicated <input type="checkbox"/> F10.131 - Alcohol abuse with withdrawal delirium <input type="checkbox"/> F10.132 - Alcohol abuse with withdrawal with perceptual disturbance <input type="checkbox"/> F10.930 - Alcohol use, unspecified with withdrawal, uncomplicated <input type="checkbox"/> F10.931 - Alcohol use, unspecified with withdrawal delirium <input type="checkbox"/> F10.932 - Alcohol use, unspecified with withdrawal with perceptual disturbance <input type="checkbox"/> F11.13 - Opioid abuse with withdrawal <input type="checkbox"/> F11.20 - Opioid dependence, uncomplicated <input type="checkbox"/> F11.23 - Opioid dependence with withdrawal <input type="checkbox"/> F12.13 - Cannabis abuse with withdrawal <input type="checkbox"/> F12.23 - Cannabis dependence with withdrawal <input type="checkbox"/> F12.93 - Cannabis use, unspecified with withdrawal <input type="checkbox"/> F13.130 - Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated <input type="checkbox"/> F13.131 - Sedative, hypnotic or anxiolytic abuse with withdrawal delirium <input type="checkbox"/> F13.132 - Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance <input type="checkbox"/> F14.13 - Cocaine abuse, unspecified with withdrawal <input type="checkbox"/> F14.93 - Cocaine use, unspecified with withdrawal <input type="checkbox"/> F15.13 - Other stimulant abuse with withdrawal <input type="checkbox"/> F18.10 - Inhalant abuse, uncomplicated <input type="checkbox"/> F18.120 - Inhalant abuse with intoxication, uncomplicated <input type="checkbox"/> F18.90 - Inhalant use, unspecified, uncomplicated <input type="checkbox"/> F19.130 - Other psychoactive substance abuse with withdrawal, uncomplicated <input type="checkbox"/> F19.131 - Other psychoactive substance abuse with withdrawal delirium <input type="checkbox"/> F19.132 - Other psychoactive substance abuse with withdrawal with perceptual disturbance <input type="checkbox"/> F19.20 - Other psychoactive substance dependence, uncomplicated Write in ICD-10 Codes
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PHYSICIAN AUTHORIZATION

This test is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom. By submitting this physician order form, I acknowledge the test(s) ordered are medically necessary and reasonable for diagnostics and treatment decision. I acknowledge only medically necessary testing should be ordered. As a provider, I acknowledge that the requested test(s) are medically necessary, and a written order is contained in the patient's records

Authorizing Provider Name	Authorizing Provider NPI#
Authorizing Provider Signature	Date