

LABORATORY MEDICINE DIAGNOSTICS

Laboratory Requisition

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ORDERING PROVIDER INFORMATION

ORDERING PROVIDER NAME:

NPI #

Facility Name:

Email:

Address:

City:

State:

Zip:

Telephone:

Fax:

PATIENT INFORMATION

Gender: M ___ F ___

Date Collected: _____ Time: _____

Last Name: _____

First Name: _____

SSN: _____

DOB: _____

Address:

City

State:

Zip:

BILLING INFORMATION

Medicare ___ Medicaid ___ Workers Comp ___ Self-Pay ___ 3rd Party Insurance ___

Other: Diagnosis Code(s): _____, _____, _____

Policy I.D. #:

Group:

PRESCRIBED MEDICATIONS

Collector Initials:

	Date of Dose		Date of Dose		Date of Dose		Date of Dose		Date of Dose		Date of Dose
Actiq		Dilaudid		Hydromorphone		MS Contin		Pregabalin		Vicodin	
Adderall		Doxepin		Imipramine		Naloxone		Ritalin		Vyvanse	
Alprazolam		Duragesic		Kadian		Neurontin		Roxicodone		Xanax	
Amitriptyline		Elavil		Ketamine		Norco		Soma		Zohydro	
Amphetamine		Embeda		Klonopin		Nortriptyline		Suboxone		Zubsolv	
Ativan		Exalgo		Larazepam		Nucynta		Subutex			
Avinza		Fentanyl		Lortab		Opana		Tapentadol			
Buprenorphine		Fioricet		Lyrica		Oxycodone		Temazepam			
Carisoprodol		Flurazepam		Meperidine		Oxycontin		Tramadol			
Clonazepam		Gabapentin		Meprobamate		Oxymorphone		Tylenol III, IV, V			
Codeine		Gralise		Methadone		Pamelor		Ultram			
Diazepam		Hydrocodone		Morphine/MSIR		Percocet		Valium			

Screening: Qualitative via Immunoassay (EIA)

Select Screening ___ Confirmation ___ or Both ___

TCA	Cocain	Fentanyl	PCP
Methamphetamine	Alcohol	Ecstasy	THC

Confirmation: Quantitative via Liquid Chromatography Mass Spectrometry (LC/MS/MS)

Opiates/Opioids	Relaxant	Alcohol
Buprenorphine	Carisoprodol	Ethyl glucuronide (EtG)
Codeine	Zolpidem	Ethyl sulphate (EtS)
EDDP	Barbiturates	TCA/SSRI
Fentanyl	Butabarbital	Amitriptyline
Hydrocodone	Butalbital	Desmethyldoxepin
Hydromorphone	Phenobarbital	Doxepin
Imipramine	Secobarbital	Nortriptyline
Meperidine	Benzodiazepines	Stimulant
Methadone	7-Aminoclonazepam	Amphetamine
Morphine	Hydroxyalprazolam	Methamphetamine
Norbuprenorphine	Alprazolam	Illicits
Norfentanyl	Clonazepam	Benzoyllecgonine
O-Desmethyltramadol	Nordiazepam	6-MAM
Oxycodone	Oxazepam	PCP
Oxymorphone	Temazepam	THC COOH
Tapentadol		MDMA
Tramadol		

PATIENT AUTHORIZATION:

I certify that the sample was provided by me without any tampering. I authorize Laboratory Medicine Diagnostics to process my claim with my insurance company(ies) and to release all required information as necessary. I agree to endorse any insurance check and forward it to Laboratory Medicine Diagnostics within 30 Days. Failure to forward the insurance check may result in my account possibly be forward to collections and/or be reported to the Credit Bureaus. Laboratory Medicine Diagnostics is extremely understanding and will make every effort to NOT report.

Patient Signature:

Date:

Authorized Health Care Provider Signature:

Date: