

LABORATORY MEDICINE DIAGNOSTICS

Laboratory Requisition

82 Newark-Pompton Tpke, 2nd Floor, Suite 1, Riverdale NJ 07457

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973 - 835 - 1739

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ORDERING PROVIDER INFORMATION

ORDERING PROVIDER NAME: **Dr. John Doe**

NPI # **123456789**

Facility Name: **ABC Medical Center**

Email: **abc@anyemail.com**

Address: **123 4th Street**

City: **Any**

State: **Any**

Zip: **12345**

Telephone: **555-555-5555**

Fax: **555- 555 - 5550**

PATIENT INFORMATION

Gender: M F

Date Collected: **10 / 01 / 2020** Time: **4pm**

Last Name: **Smith**

First Name: **Unknown**

SSN: **8548**

DOB: **12-12-1950**

Address: **321 Unknown Dr**

City **Any**

State: **Any** Zip: **12354**

BILLING INFORMATION

Medicare Medicaid Workers Comp Self-Pay 3rd Party Insurance

Other: Diagnosis Code(s): **G89.4**

Policy I.D. #: **0000123**

Group: **xox12323**

PRESCRIBED MEDICATIONS

Collector Initials: **OP**

	Date of Dose	Date of Dose	Date of Dose	Date of Dose	Date of Dose	Date of Dose	Date of Dose
Actiq		Dilaudid		Hydromorphone		MS Contin	
Adderall		Doxepin		Imipramine		Naloxone	
Alprazolam		Duragesic		Kadian		Neurontin	
Amitriptyline		Elavil		Ketamine		Norco	
Amphetamine		Embeda		Klonopin		Nortriptyline	
Ativan		Exalgo		Larazepam		Nucynta	
Avinza		Fentanyl		Lortab		Opana	
Buprenorphine		Fioricet		Lyrica		Oxycodone	
Carisoprodol		Flurazepam		Meperidine		Oxycontin	
Clonazepam		Gabapentin		Meprobamate		Oxymorphone	
Codeine		Gralise		Methadone		Pamelor	
Diazepam		Hydrocodone		Morphine/MSIR		Percocet	
						Pregabalin	
						Ritalin	
						Roxicodone	
						Soma	
						Suboxone	9/20
						Subutex	
						Tapentadol	
						Temazepam	
						Tramadol	
						Tylenol III, IV, V	
						Ultram	
						Valium	
						Vyvanse	
						Xanax	
						Zohydro	
						Zubsolv	

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	Hydroxalprazolam	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: _____