



719 S. Opdyke Road  
Auburn Hills, MI 48326  
Phone: 248-620-2785  
Fax: 248-812-3038

REFERRAL DATE (MM/DD/YYYY): \_\_\_\_\_

**DRUG/ALCOHOL SCREENING AUTHORIZATION FOR EXAMINATION**

*(Patient must present photo ID at each time of service)*

**CLIENT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ SSN # (Last Four ONLY): \_\_\_\_\_

GENDER:  Male  Female RACE:  White  African American  Hispanic  Other \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PATIENT PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**COURT INFORMATION (If Applicable):**

JUDGE: \_\_\_\_\_ COURT: \_\_\_\_\_

DOCKET #: \_\_\_\_\_ / \_\_\_\_\_

REFERRING PERSON (Last Name, First Name): \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TESTING REQUEST:**

TEST:  5 Panel Drug Test  10 Panel Drug Test  Alcohol  Other: \_\_\_\_\_

FREQUENCY OF TESTING(S): Please fill in # of days / Week or Month and indicate whether testing should be performed on Weekends and Holidays also.

DRUG: \_\_\_\_\_ Days /  Week  Month  Weekends  Holidays

ALCOHOL (PBT): \_\_\_\_\_ Days /  Week  Month  Weekends  Holidays

OTHER: \_\_\_\_\_ Days /  Week  Month  Weekends  Holidays

TESTING(S) START DATE (MM/DD/YYYY): \_\_\_\_\_

TESTING(S) END DATE (MM/DD/YYYY): \_\_\_\_\_

**PATIENT RELEASE:**

I, \_\_\_\_\_ authorize Precision Testing Laboratories to release all test results to the above court/agency/individual(s). I understand that the cost of the testing will be paid by me before the services are provided by Precision Testing Laboratories. If a non-negative test result occurs, I will be given the opportunity to have the results re-checked/confirmed at my cost. Failure by myself to pay for submission of a non-negative same for laboratory testing is considered confirmation of the results. A picture ID is required before testing will be performed.