



**Prorenata Laboratories, LLC**  
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Phoenix, Arizona 85044  
Laboratory Director: David Lechner CLIA# 03D2147626

## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ D.O.B: \_\_\_\_\_ ☐ M ☐ F

## INSURANCE INFORMATION

Insurance Name: \_\_\_\_\_ I.D.: \_\_\_\_\_ Group: \_\_\_\_\_

ICD-10 CODES circle all that apply	M54.5	M79.1	M79.7	Z79.891	Z79.899	Z91.19	Z91.14
ICD-10 CODES							

### PATIENT CONSENT AND AUTHORIZATION:

I supplied accurate and true information with this form. If I supplied insurance information, I authorize payment of my insurance benefits directly to Prorenata Labs. I authorize Prorenata Labs to be my Designated Representative and to appeal any denial of health benefits. I understand Prorenata Labs may be out of network with my plan, and I accept responsibility for paying to Prorenata Labs any amounts my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. I understand I am legally responsible for sending Prorenata Labs any money received from my health insurance company for performance of this laboratory test. I also allow the release of medical information necessary to process this claim.

### PROVIDER AUTHORIZATION TO TEST:

I am authorized to order laboratory tests and hereby order the tests indicated below. I confirm these test(s) are medically necessary for the treatment of the patient. I supplied accurate and true information on this form. I am aware information has been supplied to the patient about drug testing and that the patient has consented to the testing through his/her signature on this form. I understand that it is my responsibility to document medical necessity for testing in the patient record and to provide a copy of the same to PRORENATA LABS upon request.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

☐ **NO POCT Performed. Lab requested to perform screening levels.**

Time Collected: \_\_\_\_\_ AM / PM

Date Collected: \_\_\_\_\_ Collected by: \_\_\_\_\_

Temperature checked within 4 minutes of collection and is between  
90 - 100 °F or 32 - 38 °C. Circle: (Yes) (No) (Not Measured)

## SCREENING PANEL

### ☐ Presumptive Urine Drug Screen (UDS)

Cannabis (THC)	Benzodiazepine	Buprenorphine
MDMA-Ecstasy	Opiates	Barbiturates
Amphetamine	Cocaine	Oxycodone

## URINE DRUG CONFIRMATION TEST MENU

### ☐ Full Urine Confirmation Panels

(All Drug Classes & Metabolites)

**1083** ☐ **Amphetamines**  
☐ Amphetamine  
☐ Methamphetamine

**1131** ☐ **Methylphenidate metabolite**  
☐ Ritalinic acid

**1084** ☐ **Antidepressants**  
☐ Amitriptyline metabolite  
☐ Duloxetine  
☐ Fluoxetine  
☐ Paroxetine  
☐ Sertraline  
☐ Venlafaxine

**1132** ☐ **Gabapentin**  
**1133** ☐ **Pregabalin**  
**1088** ☐ **Sedative Hypnotics (Z-drugs)**  
☐ Zaleplon  
☐ Zolpidem  
☐ Zopiclone/Eszopiclone

**1085** ☐ **Benzodiazepines 7-**  
☐ Aminoclonazepam α-  
☐ Hydroxyalprazolam  
☐ α-Hydroxymidazolam  
☐ α-Hydroxytriazolam  
☐ Hydroxyethylflurazepam  
☐ Lorazepam  
☐ Nordiazepam  
☐ Oxazepam  
☐ Temazepam

**1099** ☐ **Spice-K2**  
☐ JWH 122  
☐ JWH 210  
☐ JWH 250

**1263** ☐ **Illicit Common**  
☐ Cocaine metabolite  
☐ Heroin metabolite  
☐ MDMA (Ecstasy)  
☐ MDA  
☐ MDEA  
☐ Phencyclidine

**1264** ☐ **Illicits Esoteric**  
☐ 25I-NBOMe  
☐ Carfentanyl  
☐ Flakka  
☐ Kratom  
☐ Krokodil  
☐ Levamisole  
☐ Psilocin  
☐ U-47700  
☐ W-18

**1156** ☐ **Ketamine**  
**1087** ☐ **Muscle Relaxants**  
☐ Cyclobenzaprine metabolite  
☐ Meprobamate  
☐ (Carisoprodol metabolite)

**1180** ☐ **Buprenorphine**  
☐ Buprenorphine  
☐ Norbuprenorphine

**1264** ☐ **Opiates and Opioids**  
☐ Codeine  
☐ Morphine  
☐ Hydrocodone  
☐ Hydromorphone  
☐ Naloxone  
☐ Naltrexone metabolite  
☐ Dextromethorphan  
☐ Meperidine metabolite

**1266** ☐ **Oxycodone**  
☐ Oxycodone  
☐ Oxymorphone  
☐ Noroxycodone

**1267** ☐ **Methadone**  
☐ Methadone  
☐ EDD

**1186** ☐ **Norfentanyl (Fentanyl)**  
☐ Fentanyl metabolite

**1184** ☐ **O-desmethyl-Tramadol**

**1183** ☐ **Tapentadol**  
**1191** ☐ **Quetiapine**

Patient Medications:	Dose	Date

☐ Medication List Attached

## ABBREVIATED MEDICAL NECESSITY NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED ATTACHMENTS:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Clear copy of front and back of insurance card | <input type="checkbox"/> SS # needed in box 1, If workers comp claim | <input type="checkbox"/> Prior authorization or accident form, if applicable |
| <input type="checkbox"/> Clear copy of driver's licence                 | <input type="checkbox"/> Copy of patient's demographics              |  |