



# Phoenix Center

Prevent • Treat • Recover

## Drug Testing Referral Form

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**Please check the appropriate boxes for recommended services:**

- 6-panel Instant Drug Screen** **Fee: \$20.00**  
(Marijuana, Amphetamine, Opiates, Methamphetamines, Cocaine, Benzodiazepines)
- 12-panel Instant Drug Screen** **Fee: \$20.00**  
(Marijuana, Cocaine, Morphine, Amphetamine, Methamphetamine, Phencyclidine (PCP), Benzodiazepines, Barbiturates, Buprenorphine, Ecstasy, Methadone, Oxycodone)
- 8-panel Lab Drug Screen** **Fee: \$35.00**  
(Alcohol, Amphetamine, Barbiturate, Benzodiazepines, Cocaine, Opiates, Phencyclidine (PCP), Marijuana)
- Other:** \_\_\_\_\_ **Fee:** \_\_\_\_\_  
(Please refer to list of available tests and pricing)
- OBSERVED SCREEN REQUESTED**

You must appear for your drug test on: \_\_\_\_\_

**Hours:** Monday thru Thursday, 8:30AM – 6:30PM; Friday 8:30AM – 1:00PM

**Please bring Photo Identification** (school ID, driver's license, state ID, photo ID bank card, etc. will be accepted).

**Payment is required prior to testing.**

I understand that test results will be handled in a confidential manner and results will be forwarded to my referral source. I realize I will be asked to sign a release of information to release my results.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date