



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: \$15.00

(Marijuana, Amphetamine, Opiates, Methamphetamines, Cocaine, Benzodiazepines)

12-panel Instant Drug Screen

Fee: \$15.00

(Marijuana, Cocaine, Morphine, Amphetamine, Methamphetamine, Phencyclidine (PCP), Benzodiazepines, Barbiturates, Buprenorphine, Ecstasy, Methadone, Oxycodone)

8-panel Lab Drug Screen

Fee: \$30.00

(Alcohol, Amphetamine, Barbiturate, Benzodiazepines, Cocaine, Opiates, Phencyclidine (PCP), Marijuana)

Other: _____

Fee: _____

(Please refer to list of available tests and pricing)

You must appear for your drug test on: _____

Hours: Monday thru Thursday, 8:30AM – 6:30PM; Friday 8:30AM – 5:00PM

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