

**DATE**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo / day / yr

**PATIENT NAME** (Last) (First) (M.I.)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PATIENT BIRTHDATE**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo / day / yr

**PATIENT RECORD/CHART NO.**  
\_\_\_\_\_

**PATIENT MEDICATIONS TAKEN**  
\_\_\_\_\_

**SPECIMEN COLLECTION**

ID NO. \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_  AM  PM  
mo / day / yr

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Ordering Dr: \_\_\_\_\_

**TEST OPTIONS**

Attention: For internal use only by Methodist Health System. It is not to be submitted as an ordering document to ARUP Laboratories directly.

- 2007479 Urine TOF Pain Management Panel without Interpretation
- 2009288 Urine TOF Pain Management Panel with Interpretation and Patient Medications

Patient sample will be sent to ARUP Laboratories, (800) 522-2787.

**Current Patient Medications**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Adderall      | <input type="checkbox"/> Lorazepam       | <input type="checkbox"/> Restoril   |
| <input type="checkbox"/> Alprazolam    | <input type="checkbox"/> Lorcet          | <input type="checkbox"/> Ritalin    |
| <input type="checkbox"/> Ambien        | <input type="checkbox"/> Lortab          | <input type="checkbox"/> Roxiconone |
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Lyrica          | <input type="checkbox"/> Soma       |
| <input type="checkbox"/> Clonazepam    | <input type="checkbox"/> Meperidine      | <input type="checkbox"/> Suboxone   |
| <input type="checkbox"/> Cymbalta      | <input type="checkbox"/> Methadone       | <input type="checkbox"/> Subutex    |
| <input type="checkbox"/> Demerol       | <input type="checkbox"/> Methylphenidate | <input type="checkbox"/> Tapentadol |
| <input type="checkbox"/> Diazepam      | <input type="checkbox"/> Morphine        | <input type="checkbox"/> Temazepam  |
| <input type="checkbox"/> Dilaudin      | <input type="checkbox"/> Naltrexone      | <input type="checkbox"/> Tramadol   |
| <input type="checkbox"/> EFFEXOR       | <input type="checkbox"/> Nortriptyline   | <input type="checkbox"/> Ultram     |
| <input type="checkbox"/> Fentanyl      | <input type="checkbox"/> Oxycodone       | <input type="checkbox"/> Valium     |
| <input type="checkbox"/> Flexeril      | <input type="checkbox"/> Oxylotin        | <input type="checkbox"/> Vicodin    |
| <input type="checkbox"/> Gabapentin    | <input type="checkbox"/> Paxil           | <input type="checkbox"/> Vicoprofen |
| <input type="checkbox"/> Hydrocodone   | <input type="checkbox"/> Percocet        | <input type="checkbox"/> Xanax      |
| <input type="checkbox"/> Hydromorphone | <input type="checkbox"/> Pregabalin      | <input type="checkbox"/> Zolpiden   |
| <input type="checkbox"/> Ketamine      | <input type="checkbox"/> Prozac          |                                     |
| <input type="checkbox"/> Klonopin      | <input type="checkbox"/> Other _____     |                                     |