

Your Laboratory Partner

Requisitions



PAIN MANAGEMENT REQUISITION

Patient (Last, First, MI)				Sex		Date of Birth (mm/dd/yyyy)		Patient Phone #	
Comments				Patient ID #					
Date of Collection (required)		TIME	Site	Patient SSN		BILL TO: PLEASE CIRCLE PA			
Guarantor (Last, First, MI) <small>Required if insurance or patient billing</small>				Insurance Name <small>Required if insurance</small>					
Address				Insurance Number(s)					
City				State		Group Number(s)			
State				Zip		Subscriber Name			
State				Zip		Patient Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
I have provided my specimen(s) to the collector; that I have not adulterated it in any way and each specimen container used was sealed with a tamper evident seal in accordance with the instructions provided.					Your healthcare provider has requested that the tests indicated below be performed on your specimen. PAML will bill your insurance or other coverage when indicated above and will credit your bill for payment made by these providers. However, you are responsible for paying any deductibles, co-pays, or non covered expenses for this testing. For more questions call 800-433-1583 or go online to www.paml.com.				
Patient's Signature									
Tests to be Performed PANELS <input type="checkbox"/> PMP1 - Amps/C/THC/Opiates/PCP/Prop/Alcohol <input type="checkbox"/> PMP2 - Amps/C/THC/Opiates/PCP/Prop/Alcohol/Barb/Benz/Methadone <input type="checkbox"/> PMP3 - Amps/C/THC/Opiates/PCP/Prop/Alcohol/Barb/Benz/Methadone/Meperidine/Tramadol/Acetaminophen <input type="checkbox"/> PMP4 - Amps/COC/THC/Opiates/PCP/Prop/Alcohol/Barb/Benz/Methadone/Meperidine/Tramadol/Acetaminophen/Fentanyl/Carisoprodol/Meperbamate/Buprenorphine/ETG/ETS SINGLE TESTS* <input type="checkbox"/> Acetaminophen (ACETAM) <input type="checkbox"/> Cannabinoids (THC) CANN20 <input type="checkbox"/> Meperidine (MEPU) <input type="checkbox"/> Alcohol (ALC20) <input type="checkbox"/> Carisoprodol/Meperbamate (MEPCAR) <input type="checkbox"/> Opiates (CPO7) <input type="checkbox"/> Amphetamines (AMP) <input type="checkbox"/> Cocaine (COC) <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Barbiturates (BARB) <input type="checkbox"/> ETG/ETS (ETGU) <input type="checkbox"/> Propoxyphene (PROPOX) <input type="checkbox"/> Benzodiazepines (BENZ) <input type="checkbox"/> Fentanyl (FENTU) <input type="checkbox"/> Tramadol (TRAMU) <input type="checkbox"/> Buprenorphine (CPBUP) <input type="checkbox"/> Methadone (METD) <input type="checkbox"/> _____ <small>*Single Tests can be ordered individually or added to a panel</small>					Patient's Current Medications Date & Time of Last Dose <input type="checkbox"/> Hydrocodone _____ <input type="checkbox"/> Meperbamate _____ <input type="checkbox"/> Hydromorphone _____ <input type="checkbox"/> Fentanyl _____ <input type="checkbox"/> Oxycodone _____ <input type="checkbox"/> Methadone _____ <input type="checkbox"/> Oxymorphone _____ <input type="checkbox"/> Propoxyphene _____ <input type="checkbox"/> Morphine _____ <input type="checkbox"/> Tramadol _____ <input type="checkbox"/> Codeine _____ <input type="checkbox"/> THC/Marinol _____ <input type="checkbox"/> Buprenorphine _____ <input type="checkbox"/> Amphet/Adderall _____ <input type="checkbox"/> Carisoprodol _____ <input type="checkbox"/> Other _____ Notes to Laboratory _____ _____ _____				
Date _____ Donor's Initials _____		(A)		CONSECUTIVE BARCODE WXXXXXXXXXX		CONSECUTIVE BARCODE WXXXXXXXXXX			
Date _____ Donor's Initials _____		(B)		CONSECUTIVE BARCODE WXXXXXXXXXX					
CONSECUTIVE BARCODE WXXXXXXXXXX		(A)		Date _____ Donor's Initials _____		CONSECUTIVE BARCODE WXXXXXXXXXX		(B)	

Tests can be ordered singularly, in panels, or both.

An accurate interpretive report is a critical tool for the clinician treating chronic pain. Our Pain Management requisition makes it easy to provide the pertinent medication information on your patient to assure a complete report.

The clinician can document concerns or add comments that will be reviewed by scientists upon arrival at the laboratory.

Specimen seals are used to assure the patient that proper identification and security measures are met.

For more information, please contact your local marketing representative.

www.paml.com



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CATHOLIC HEALTH INITIATIVES