

1. Patient Information

Male
 Female
 Race:
 Asian
 Black
 Caucasian
 Hispanic
 Native American
 Other
 N/A
 Ethnicity:
 Hispanic
 Non-Hispanic
 N/A

Last Name / First Name / MI _____
 Address / APT# _____
 City / State / Zip / County _____
 Phone # _____ Email _____
 Date of Birth _____ SSN _____
 Insurance _____ Subscriber ID _____
 Group # _____ Bill to: Insurance Self Pay
* include copy of insurance card.

2. Provider Information

Client Name / Account # _____
 Address / APT# _____
 City / State / Zip _____
 Phone # _____ Fax # _____
 Ordering Provider _____ Collection Date _____
 Collection Time AM PM

3. Medical Necessity

As an ordering provider I acknowledge that:

- only test that are medically necessary have been ordered.
- I have flexibility to order test individually or in combination I deem medically necessary for each patient
- I agree to provide any documentation necessary to collect reimbursement for services provided

Provider Signature: _____ Date: _____

4. Consent for Testing

The information I have provided on this form is accurate. I authorize Clinicore to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to Clinicore for services I receive. I am aware that Clinicore may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature: _____ Date: _____

5. Tests Confirmation of individual tests as specified checked below
 Confirmation of all classes documentation baseline required

- Hormone profile w/ (DBS serum) CORTISOL TESTOSTERONE
 CORTISONE ANDROSTENEDIONE
 PROGESTERONE PREGENOLONE

PLEASE CHECK PRESCRIBED MEDICATION OR ANALYTE FOR CORRECT MEDICATION MATCHING ON REPORT

Drug Classification	Analytes Confirmed or Detected	Brand Name Medication or Example
<input type="checkbox"/> ALKALOIDS	<input type="checkbox"/> COTININE <input type="checkbox"/> CAFFEINE	NICOTINE COFFEE ENERGY DRINK
<input type="checkbox"/> AMPHETAMINES	<input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> METHAMPHETAMINE	VYVANSE DESOXYN ADDERALL CRYSTAL
<input type="checkbox"/> STIMULANTS	<input type="checkbox"/> PHENTERMINE <input type="checkbox"/> METHYLPHENIDATE	ADIPEX-P RITALIN LOMAIRA FOCALIN
<input type="checkbox"/> ANTI-CONVULSANT	<input type="checkbox"/> LAMOTRIGINE <input type="checkbox"/> GABAPENTIN	LAMICTAL NEURONTIN
<input type="checkbox"/> ANTI-DEPRESSANTS SSRI	<input type="checkbox"/> CITALOPRAM <input type="checkbox"/> FLUOXETINE <input type="checkbox"/> SERTRALINE <input type="checkbox"/> DESIPRAMINE	LEXAPRO PROZAC ZOLOFT NORPRAMIN
<input type="checkbox"/> ANTI-DEPRESSANTS TCA	<input type="checkbox"/> IMIPRAMINE <input type="checkbox"/> NORTRIPTYLINE <input type="checkbox"/> AMITRIPTYLINE	TOFRANIL PAMELOR ELAVIL AVENTYL LIMBITROL
<input type="checkbox"/> ANTI-DEPRESSANTS NDRI	<input type="checkbox"/> BUPROPION	WELLBUTRIN ZYBAN
<input type="checkbox"/> ANTI EPILEPTICS	<input type="checkbox"/> LAMOTRIGINE <input type="checkbox"/> OLANZAPINE	LAMICTAL ZYPREXA
<input type="checkbox"/> ANTI-PSYCHOTICS	<input type="checkbox"/> 7-HYDROXYQUETIAPINE <input type="checkbox"/> QUETIAPINE <input type="checkbox"/> ARIPIPIRAZOLE	SEROQUEL ABILIFY ARISTADA
<input type="checkbox"/> ANALGESICS	<input type="checkbox"/> ACETAMINOPHEN	TYLENOL
<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> PHENOBARBITAL <input type="checkbox"/> BUTALBITAL	FIORINAL SOLOFTONE LUMINAL FIORCET FIORCET ESGIC
<input type="checkbox"/> BENZODIAZEPINES	<input type="checkbox"/> 7-AMINOCLONAZEPAM <input type="checkbox"/> CLONAZEPAM <input type="checkbox"/> LORAZEPAM <input type="checkbox"/> OXAZEPAM <input type="checkbox"/> ALPHA-HYDROXYALPRAZOLAM <input type="checkbox"/> ALPRAZOLAM <input type="checkbox"/> NORDIAZEPAM <input type="checkbox"/> DIAZEPAM <input type="checkbox"/> TEMAZEPAM	KLONOPIN ATIVAN SERAX XANAX VALIUM RESTORIL
<input type="checkbox"/> CANNABINOIDS	<input type="checkbox"/> THC-COOH <input type="checkbox"/> THC	
<input type="checkbox"/> ILLICITS	<input type="checkbox"/> 6-MAM <input type="checkbox"/> MDA <input type="checkbox"/> MDMA <input type="checkbox"/> BENZOYLECGONINE <input type="checkbox"/> PCP	HEROIN XTC COCAINE ANGEL DUST
<input type="checkbox"/> OTHER	<input type="checkbox"/> 7-OH MITRAGYLINE	KRATOM
<input type="checkbox"/> OPIATES - NATURAL	<input type="checkbox"/> CODEINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> HYDROMORPHONE	TYLENOL #3 MS CONTIN DILAUDID
<input type="checkbox"/> OPIATES - SEMI-SYNTHETIC	<input type="checkbox"/> OXYMORPHONE <input type="checkbox"/> OXYCODONE <input type="checkbox"/> NOROXYCODONE <input type="checkbox"/> HYDROCODONE <input type="checkbox"/> NORHYDROCODONE <input type="checkbox"/> TAPENTADOL	OPANA PERCOCET XTAMPZAER LORTAB VICODIN NORCO HYSINGLAER
<input type="checkbox"/> OPIATES-SYNTETIC	<input type="checkbox"/> O-DESMETHYL-TRAMADOL <input type="checkbox"/> TRAMADOL <input type="checkbox"/> NORFENTANYL <input type="checkbox"/> FENTANYL <input type="checkbox"/> NORMEPERIDINE <input type="checkbox"/> MEPERIDINE <input type="checkbox"/> NORBUPRENORPHINE <input type="checkbox"/> BUPRENORPHINE <input type="checkbox"/> EDDP <input type="checkbox"/> METHADONE	NUYCENTA ULTRAM ACTIQ DEMEROL BUTRANS SUBOXONE DOLOPHEN SUBOXONE
<input type="checkbox"/> OPIATES ANTAGONISTS	<input type="checkbox"/> NALOXONE	
<input type="checkbox"/> SEDATIVES - HYPNOTICS	<input type="checkbox"/> ZOLPIDEM-COOH <input type="checkbox"/> ZOLPIDEM <input type="checkbox"/> CARISPRODOL <input type="checkbox"/> MEPROBAMATE	AMBIEN SOMA MILLTOWN
<input type="checkbox"/> SKELETAL MUSCLE RELAXANTS	<input type="checkbox"/> CYCLOBENZAPRINE	FLEXERIL

When ordering tests for which Medicare reimbursement will be sought, Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient, rather than for screening purposes.
 Go to our website, www.clinicorelabs.com, for important information regarding responsible ordering.

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