bach diagnostics
passion, science, care

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Barcode1

1. PRACTICE INFORMATION

2. PATIENT INFORMATION

LAST NAME: FIRST: MI:

Sex: ☐ Male ☐ Female | DOB: | SSN: | DOI:

PATIENT ADDRESS & PHONE: ☐ See Attached

☐ Worker's Compensation
☐ Medicare
☐ PPO
☐ Other:_____

3. SPECIMEN INTAKE DETAILS

COLLECTOR'S NAME:

DATE COLLECTED: | TIME COLLECTED:

TEMPERATURE READ WITHIN 4 MINUTES AND IS IN RANGE OF 32.5-37.7 C (90.5-100 F)
☐ YES ☐ NO ☐ N/A

4. DIAGNOSIS CODE

Z51.81	Encounter for therapeutic drug monitoring	M51.36	Lumbar inter vertebral disc degeneration	M54.12	Cervical ridculopathy	M54.15	T/L radiculopathy
Z79.891	Long-term use of opiate analgesic	M54.4	Lumbago	M50.30	Cervical intervertebral dis degeneration	M79.1	Myalgia
Z79.899	Other long term drug therapy	M54.14	Thoracic radiculopathy	M50.10	Cervical intervertebral dis w radiculopathy	M60.9	Myositis
G89.4	Chronic pain syndrome	M54.16	Lumbar radiculopathy	M54.17	Lumbar-sacral radiculopathy	M96.1	Postlaminectomy syndrome

5. Medical Necessity

Treatment for patients on chronic opioid therapy

☐ Low Risk ☐ Moderate Risk ☐ High Risk

Diagnosis and treatment for substance abuse

☐ 0-30 days abstinent ☐ 31-90 days abstinent ☐ >90 days abstinent

6. TEST ORDERED

☐ Drug Panel - Custom, Urine	☐ Pharmacogenetics - Pain	☐ Pharmacogenetics - Psychiatric
☐ Drug Panel - Custom, Oral Fluids	☐ Pre-OP Labs (CBC, Chem panel, Coag)	☐ _____
☐ Drug Screen, Urine	☐ Drug Confirmation only	☐ _____

The ordering physician or his/her authorized representative must sign his/her name and indicate the date the test is ordered. The signature constitutes a certification that, with respect to tests reimbursed by Medicare or other third party payers, the testing is medically necessary and the results will be used in the management of the patient.

☐ Signature on File

Physician/Representative Signature: _____ Date : _____

7. Current Medication

☐ **NO DRUGS PRESCRIBED**	☐ citalopram (Celexa)	☐ hydromorphone (Diluadid)	☐ oxazepam (Serax)
☐ alprazolam (Xanax)	☐ codeine (Tylenol 2/3)	☐ lorazepam (Ativan)	☐ oxycodone (Percet/Oxycontin)
☐ amitriptyline (Elavil)	☐ cyclobenzaprine (Flexeril)	☐ meprobamate (Miltown)	☐ pregabalin (Lyrica)
☐ amphetamine (Benzedrine)	☐ diazepam (Valium)	☐ merperidine (Demerol)	☐ propoxyphene (Darvocet)
☐ buprenorphine (Buprenex)	☐ duloxetine (cymbalta)	☐ methadone (Dolophine)	☐ sertraline (Zoloft)
☐ bupropion (Wellbutrin, Zyban)	☐ fentanyl (Duragesic)	☐ methamphetamine (Methedrine)	☐ sulfentanil (Sufenta)
☐ butalbital (Fioricet)	☐ flunitrazepam (Rohypnol)	☐ midazolam (Versed)	☐ temazepam (restoril)
☐ carisoprodol (Soma)	☐ flurazepam (Dalmane)	☐ morphine (MS Contin)	☐ tramadol (Ultram)
☐ chlordiazepoxide (Librium)	☐ gabapentin (Neurontin)	☐ naloxone (Narca)	☐ zolpidem (Ambien)
☐ clonazepam (Klonopin)	☐ hydrocodone(Norco, Vicodoine)	☐ naltrexone (Revia)	☐ Other: _____

8. Point of Care Results

TESTS	POS	NEG
Amphetamine	☐	☐
Barbiturates	☐	☐
Benzodiazepines	☐	☐
Cocaine	☐	☐
Marijuana/THC	☐	☐
Opiates	☐	☐
Esctasy	☐	☐
Tricyclic Antidepressants	☐	☐
Other: _____	☐	☐

I certify that I have voluntarily provided a fresh, unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize Bach Diagnostics to: 1) release the results of this testing to the ordering provider, 2) bill and collect payment from my health insurance 3) bill me for any covered service deductible, copayment and/or coinsurance 4) obtain any information necessary from the ordering provider in an attempt to obtain payment from my insurance. I understand that Bach Diagnostics may be out-of-network with my health insurance company and if payment is remitted directly to me I am responsible to Bach Diagnostics for the amount tendered.

Patient Signature: _____ Date: _____

Name:	Name:	Name:	Name:
DOB:	DOB:	DOB:	DOB:
Barcode1	Barcode1	Barcode1	Barcode1

REQUIRED: Attach patient face sheet, as well as front and back copies of current insurance card(s).

Full Drug Panel, Urine or Oral Fluids

11-9-THC
6- Acetylmorphine
7-Aminoclonazepam
7-Aminoflunitrazepam
Alpha-Hydroxyalprazolam
Alprazolam
Amitriptyline
Amobarbital
Amphetamine
Barbituraes
Buprenorphine
Bupropion
Butalbtal
Carbamazepine
Carisoprodol
Citalopram
Clonazepam
Cocaine/Metabolite
Codeine
Cyclobenzaprine
Desipramine
Desmethy
Desmethylvenlafaxine
Dextromethorphan
Diazepam
Doxepin
EDDP
Ethyl Glucuonide
Fentanyl
Flunitrazepam
Flurazepam
Gabapentin
Hydrocodone
Hydromorphone
Imipramine
K2 Synthetic THC
Ketamine
Lorazepam
MDA
MDEA
MDMA
Meperidine
Meprobamate
Methadone
Methamphetamine
Methylphenidate
Midazolam
Mirtazapine
Morphine
Naloxone
Naltrexone
Norbuprenorphine
Nordiazepam
Norfentanyl
Norfluoxetine
Normeperidine
Norpropoxyphene
Nortriptyline
Oazepam
Oxacarbazepine
Oxycodone
Oxymorphone
Paroxetine
Pentazocine
Pentobarbital
Phencyclidine
Phenobarbital
Phentermine
Phenylpropanolamine
Pregabalin
Propoxyphene
Pseudoephedrine
Secobarbital
Sertraline
Sufentanil
Tapentadol
Temazepam
Tramadol
Trazodone
Triazolam
Venlafaxine
Zolpidem

Drug Screen Basic

Amphetamine
Barbiturates
Benzodiazepines
Carboxy-Tetrahydrocannabinol (THC)
Cocaine/Metabolite
Opiates
MDMA
Phencyclidine

Drug Screen Extended

6-Acetylmorphine
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Carboxy-Tetrahydrocannabinol (THC)
Carisoprodol
Cocaine/Metabolite
Ethyl Glucuronide
Fentanyl
Ketamine
Meperidine
Methadone
MDMA
Opiates
Oxycodone
Phencycliine
Propoxyphene
Tapentadol
Tramadol
K2 Synthetic THC
Zolpidem

Recommended Drug Panel w/ Screen

6 MAM
7-amino clonazepam
Alpha-hydroxyalprazolam
Amphetamine
Benzoylecgonine
Buprenorphine
Bupropion
Carbamazepine
Carisoprodol
Chlordiazepoxide
Codeine
Desmethylvenlafaxine
Dextromethorphan
Doxepin
EDDP
Fentanyl
Gabapentin
Hydrocodone
Hydromorphone
Ketamine
Lorazepam
MDMA
Meprobamate
Methamphetamine
Midazolam
Morphine
Naloxone
Naltrexone
Nordiazepam
Norfentanyl
Normeperidine
Normorphine
Nortriptyline
Oxacarbazepine
Oxazepam
Oxycodone
Oxymorphone
Paroxetine
PCP
Pregabalin
Propoxyphene
Sertraline
Tapentadol
Temazepam
Tramadol
Trazodone
Zolpidem

Molecular Pain Panel

CYP2D6
CYP2C19
CYP2C9
CYP3A4
CYP3A5
CYP1A2
CYP2B6
OPRM1