

T.A.P – Testing Referral

Amended Order

New Baltimore:
51145 Washington Suite A, New Baltimore MI 48047

Romeo
69096 Powell Rd. Romeo MI 48065

M - F 6:30am - 9:30am & 4:00pm - 7pm
Sat & Sun 7am - 10am

Clinton Township:
43550 Elizabeth Rd, Clinton Twp. MI 48036
M – F: 6am - 9am & 4pm - 8pm
Sat & Sun: 7am - 10am & 3pm - 7pm

Sterling Heights:
11323 E 15 Mile, Sterling Heights MI 48312

Madison Heights
26747 John R Road Madison Heights MI 48071
Mon – Fri: 6am - 9am & 5pm - 8pm
Sat & Sun: 7am - 10am & 4pm - 7pm

Holiday Hours:
Romeo, New Baltimore, Madison Heights and Clinton Township:
7 a.m. to 10 a.m. ONLY
Sterling Heights: 7 a.m. to 10 a.m. and 4 p.m. to 6 p.m. Unless otherwise posted

Name: _____ Case #: _____
(Last) (First)

Address: _____ City: _____ Zip: _____

D.O.B.: ____ / ____ / ____ Home#: _____ Cell#: _____

Referring Agency: _____

Sent Results To: _____
Name Fax/Email

Report to testing site by: _____ Duration of Testing: _____

<u>Instant Screens</u>	<u>Per Month</u>	<u>Per Week</u>
6 Panel		
10 Panel		
12 Panel		
PBT		
LC/MS/MS		
Other:		

<u>In Lab Screens</u>	<u>Per Month</u>	<u>Per Week</u>
6 Panel		
10 Panel		
12 Panel		
ETG		
LC/MS/MS Confirm		
ETS Confirmation		
Other:		

Confirmation fees are not included in the price of the test

Other/Special Instructions: _____

- **\$20 Intake Fee will be charged at the first visit. This is a one-time fee.**
- **Clients reporting for the first time must arrive 20 minutes prior to closing.**
- **Photo ID must be provided at time of intake and testing**
- **Testing must be paid for by cash or money order prior to testing**
- **Clients with prescriptions should report for intake during a.m. hours or within the first hour of the p.m. shift to avoid a wait.**

All clients are tested on random basis determined by frequency specified above. If no referral is received or no frequency is specified, client will be placed on frequency of 3 tests per week until otherwise specified by the referring party.

I hereby authorize the testing agency to receive and release any information regarding drug and alcohol testing to the referring party. I agree to the terms and conditions put forth during my intake session.

Client Signature Date