



# Testing Referral

Amended Order

**New Baltimore:**

51145 Washington Suite A, New Baltimore MI 48047

**Romeo:**

69096 Powell Road, Armada MI 48065

**M – F: 6:30am - 9:30am & 4pm - 7pm**

**Sat & Sun: 7am - 10am**

**Clinton Township:**

43550 Elizabeth Road, Clinton Twp. MI 48036

**M – F: 6am - 9am & 4pm - 8pm**

**Sat & Sun: 7am - 10am & 4pm - 7pm**

**Sterling Heights: \*WE MOVED\***

34224 Van Dyke Avenue, Sterling Heights MI 48312

**Madison Heights:**

26747 John R Road, Madison Heights MI 48071

**M – F: 6am - 9am & 5pm - 8pm**

**Sat & Sun: 7am - 10am & 4pm - 7pm**

**Holiday Hours:**

Romeo, New Baltimore, Madison Heights and Clinton Township:

**7 am - 10 am ONLY**

Sterling Heights: 7 am - 10 am & 4 pm - 7 pm unless otherwise posted

Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Gender: Male Female

Referring Agency: \_\_\_\_\_

Send 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 Confirm		
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:		

Attend Impact Panel by: \_\_\_\_\_ \$40  
Call (586) 281-0150 to schedule

**Holiday Testing**

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 AM hours or within the first hour of the PM shift to avoid a wait.
- \*Confirmation fees are not included in the price of the test

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