Testing Referral

☐ **Amended Order**

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

☐ **Romeo:**
105 Peyerk Ct., Romeo, 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 & 5pm - 8pm
Sat & Sun: 7am - 10am & 4pm - 7pm

Sterling Heights:
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: _____

Sent Results To:_____
Name Fax/Email

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

Instant Screens	**Per Month**	**Per Week**
6 Panel		
10 Panel		
12 Panel		
PBT		
*LC/MS/MS $25		
Other:		

In Lab Screens	**Per Month**	**Per Week**
6 Panel		
10 Panel		
12 Panel		
ETG		
6 Panel + ETG		
*ETS Confirmation $25		
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 a.m. hours or within the first hour of the p.m. shift to avoid a wait.**
- ***Confirmation fees are not included in the price of the test (Instant Dip Tests and In Lab Screens). Auto Confirmation Panels available for an additional $3-$5 per test depending on the panel selected.**

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*

Ph: 586-281-0150 Fax: 586-281-0149 Email: Registration@classatrainingcenter.com