

ToxScript™ Custom Toxicology Panel

Select the substances you wish to test for

Drug Screen Immunoassay

- Specimen Validity
- Amphetamine
- Barbiturate
- Benzodiazepine
- Cocaine
- Cannabinoids
- Methadone
- Opioids
- Phencyclidine / PCP
- Propoxyphene
- Oxycodone
- THC

LC/MS Confirmation

- Opioids/Opioid Like
 - Codeine
 - Morphine
 - Hydrocodone
 - Hydromorphone
 - Oxycodone
 - Oxymorphone
 - Fentanyl
 - Tramadol
- Barbiturates
 - Pentobarbital
 - Butalbital
 - Phenobarbital
 - Secobarbital
 - Amobarbital
- Benzodiazepines
 - Hydroxalprazolam
 - Lorazepam
 - Oxazepam
- Amphetamines
 - Amphetamine
 - Phentermine
 - Methamphetamine
 - MDMA / Ecstasy

Other

Please list additional substances you would like tested:

By signing below, I authorize Prescient Medicine to perform the above custom panel on all of my patients. I understand that I can deviate from this panel at any time by selecting alternate tests directly on patient requisition forms. It is also understood that I can modify this custom panel at any time upon my signed request and that it is effective for 1 year from signature date. Regardless of final test selection, I am to sign all requisition forms in order to authorize any test.

Provider Name (Print)

Provider Signature

Date

Account #: _____

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