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1 Patient Information

Donor Name:			Diagnostic Codes		<input type="checkbox"/> Complete my customized test panel currently on file: <small>"Pain Medication: confirm positive and negative POCT results, confirm Fentanyl, Tramadol - screen neuropathics when prescribed - confirm medlist when provided."</small>	Physician Information:
Last Name, First Name, MI			Primary			
DOB, SSN# (optional)			Secondary			
			Status Code if applicable		<input type="checkbox"/> In lieu of my customized test panel follow the drug test selections indicated below:	

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to AiM. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer:
 Patient's Signature _____ Date _____

Collector's Name _____ Collection Date ____/____/____ Temp _____

2 Insurance Information:

Please include patient demographics and insurance information

Medicare
 Medicaid
 3rd Party
 Cash-Pay

3 POCT Results:

	POS	NEG	Request Confirmation		POS	NEG	Request Confirmation
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Medication List And Additional Options

Prescription Drugs	Confirm/Quant	Prescribed	Prescription Drugs	Confirm/Quant	Prescribed	Prescription Drugs	Confirm/Quant	Prescribed	Comments and Additional Requests:
Opiates	<input type="checkbox"/>	<input type="checkbox"/>	Tricyclic Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	Barbituates	<input type="checkbox"/>	<input type="checkbox"/>	
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Amitriptyline	<input type="checkbox"/>	<input type="checkbox"/>	Amobarbital		<input type="checkbox"/>	
Hydrocodone	<input type="checkbox"/>	<input type="checkbox"/>	Desipramine	<input type="checkbox"/>	<input type="checkbox"/>	Butabarbital		<input type="checkbox"/>	
Hydromorphone	<input type="checkbox"/>	<input type="checkbox"/>	Doxepin	<input type="checkbox"/>	<input type="checkbox"/>	Butalbital		<input type="checkbox"/>	
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	Imipramine	<input type="checkbox"/>	<input type="checkbox"/>	Pentobarbital		<input type="checkbox"/>	
Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>	Nortriptyline	<input type="checkbox"/>	<input type="checkbox"/>	Phenobarbital		<input type="checkbox"/>	
Oxymorphone	<input type="checkbox"/>	<input type="checkbox"/>	Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Secobarbital		<input type="checkbox"/>	
Opioids			Fluoxetine	<input type="checkbox"/>	<input type="checkbox"/>	Other non-prescribed and DOA		Confirm/Quant	
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	Gabapentin	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Metabolites (EIG / Ets)		<input type="checkbox"/>	
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	Pregabalin	<input type="checkbox"/>	<input type="checkbox"/>	Cathinones (Bath Salts)		<input type="checkbox"/>	
Meperidine	<input type="checkbox"/>	<input type="checkbox"/>	Sertraline	<input type="checkbox"/>	<input type="checkbox"/>	Heroin (6-MAM)		<input type="checkbox"/>	
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	Zaleplon	<input type="checkbox"/>	<input type="checkbox"/>	Ketamine		<input type="checkbox"/>	
Tapentadol	<input type="checkbox"/>	<input type="checkbox"/>	Zolpidem	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine (Cotinine)		<input type="checkbox"/>	
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	Zopiclone	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic Cannabinoids (K2 / Spice)		<input type="checkbox"/>	
Benzodiazepines			Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		<input type="checkbox"/>	
Alprazolam	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		<input type="checkbox"/>	
Clonazepam	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Relaxants	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		<input type="checkbox"/>	
Diazepam	<input type="checkbox"/>	<input type="checkbox"/>	Carisoprodol	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		<input type="checkbox"/>	
Lorazepam	<input type="checkbox"/>	<input type="checkbox"/>	Meprobamate	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Oxazepam	<input type="checkbox"/>	<input type="checkbox"/>	Stimulants	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Temazepam	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
			Methylphenidate	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Notice to Ordering Practitioner: Only tests that are medically necessary and reasonable for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. The Office or Inspector General takes the position that a person who orders or influences the ordering of medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.
 Note: Medicare generally does not cover or pay for routine screening tests.

5 Provider Signature

 Documentation to support medical necessity for all tests ordered should be recorded in the patient's chart.