

Pain Management Panel by LCMS Requisition

Patient:	Physician:		
DOB:	Gender :	Physician Phone:	Fax:
Diagnosis:	Location:		
Patient Phone:	Patient Insurance:		
Patient Address:	Guarantor:		
	Insurance Number:		

Specimen Collection (Date and Time): _____

Test Orders

- Drug Panel for Pain Management Compliance Monitoring** [Test Code: PAINMS]
 Ethyl Glucuronide (Check if wanted in addition to the Drug Panel) [Test Code: ETGU1]

Prescription Status: Please select the therapeutics below that the patient was expected to take within the last 48 hours.

- No Prescription Info** - Patient not expected to be taking any meds below [NORX]

Amphetamines	Opiates and Opioids
<input type="checkbox"/> Amphetamine (e.g. Adderall, Dexedrine, Paremyd) [AMPRX]	<input type="checkbox"/> Buprenorphine (e.g. Suboxone, Butrans, Belbuca) [BUPMRX]
<input type="checkbox"/> Methamphetamine (e.g. Desoxyn) [METHRX]	<input type="checkbox"/> Codeine (e.g. Tylenol III) [CODRX]
<input type="checkbox"/> Methylphenidate (e.g. Ritalin) [RITARX]	<input type="checkbox"/> Dihydrocodeine (e.g. Trezix, Synalgos) [DCODRX]
Barbiturates	<input type="checkbox"/> Fentanyl (e.g. Duragesic, Abstral, Actiq) [FENRX]
<input type="checkbox"/> Amobarbital/Pentobarbital (e.g. Amytal, Nembutal) [AMORX]	<input type="checkbox"/> Hydrocodone (e.g. Vicodin, Lortab, Lorcet, Maxidone, Norco) [HCODRX]
<input type="checkbox"/> Butalbital (e.g. Fiorinal, Fioricet) [BTALRX]	<input type="checkbox"/> Hydromorphone (e.g. Dilaudid, Exalgo) [HMORRX]
<input type="checkbox"/> Phenobarbital (e.g. Luminal, Belladonna, Donnatal) [PBARRX]	<input type="checkbox"/> Meperidine (e.g. Demerol) [MEPRX]
<input type="checkbox"/> Secobarbital (e.g. Seconal) [SBRRX]	<input type="checkbox"/> Morphine (e.g. Duramorph, Apokyn, Kadian, MS Contin) [MORRX]
Benzodiazepines	<input type="checkbox"/> Methadone (e.g. Dolophine, Methadose) [MTDRX]
<input type="checkbox"/> Alprazolam (e.g. Xanax, Niravam) [ALPRX]	<input type="checkbox"/> Oxycodone (e.g. Oxycontin, Percocet, Percodan, Percodan) [OXCRX]
<input type="checkbox"/> Clonazepam (e.g. Klonopin) [CLZPRX]	<input type="checkbox"/> Oxymorphone (e.g. Opana) [OXMRX]
<input type="checkbox"/> Chlordiazepoxide (e.g. Librium, Librax) [CPOXRX]	<input type="checkbox"/> Tapentadol (e.g. Nucynta) [TAPNRX]
<input type="checkbox"/> Diazepam (e.g. Valium) [DZPRX]	<input type="checkbox"/> Tramadol (e.g. Ultram, Ultracet, Conzip) [TRAMRX]
<input type="checkbox"/> Flurazepam (e.g. Dalmane) [FRZRX]	Other Sensory System Agents
<input type="checkbox"/> Lorazepam (e.g. Ativan) [LORRX]	<input type="checkbox"/> Carisoprodol (e.g. Soma) [CARSRX]
<input type="checkbox"/> Midazolam (e.g. Versed) [MIDRX]	<input type="checkbox"/> Meprobamate (e.g. Equinal, Meprospan) [MEPRRX]
<input type="checkbox"/> Nordiazepam (e.g. Prodrug of clorazepate (Tranxene)) [NDIARX]	<input type="checkbox"/> Gabapentin (e.g. Neurontin, Gralise, Horizant) [GABARX]
<input type="checkbox"/> Oxazepam (e.g. Serax, Serepax) [OXZPRX]	<input type="checkbox"/> Pregabalin (e.g. Lyrica) [PGABRX]
<input type="checkbox"/> Triazolam (e.g. Halcion) [TRZRX]	
<input type="checkbox"/> Temazepam (e.g. Restoril) [TZPRX]	
<input type="checkbox"/> Zolpidem (e.g. Ambien, Edluar, Intermezzo, Zolpimist) [ZOLPRX]	

Physician Signature: _____ Date: _____ Time: _____