

# Authorization for Drug Screen

## Only for use at Concentra clinics

Patient Name: \_\_\_\_\_

Employer: Children's Hospital of CO- Non-Injury Account

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Substance Abuse Testing:</b> <input checked="" type="checkbox"/> Rapid m/Cup 10 Panel (Use Children's Hospital of CO E-screen Account)	<b>Service Package:</b> <input checked="" type="checkbox"/> Rapid mCup 10 Panel- <b>Pt Pay</b>
<b>Test Type</b> <input checked="" type="checkbox"/> Non-Employee <input type="checkbox"/> Affiliate Researcher Non-Employee <input type="checkbox"/> Student Non-Employee <input type="checkbox"/> Internship Non-Employee	<b>Billing</b> <input checked="" type="checkbox"/> Pt Pay  <b>**DO NOT BILL CHILDREN'S HOSPITAL COLORADO**</b>
Authorized By: <u>Theresa Baca</u>  Phone: <u>720-777-8598</u>	

Revised 12/18/19