

PHYSICIAN STANDING ORDER



Please Fax To: 561-569-2902

PRESTIGE LABORATORIES
OF FLORIDA LLC

ACCOUNT NAME: _____ ACCOUNT REP: _____

ACCOUNT ADDRESS: _____

PHYSICIAN NOTICE TO SELECTOX FOR CUSTOMIZED ORDERS (1)

- | | |
|---|--|
| <input type="checkbox"/> Perform Qualitative Testing on drug classes and drugs requested (Comprehensive Screen) <input type="checkbox"/> Perform Quantitative Testing on drug classes and drugs requested (Confirmation) (2) <input type="checkbox"/> Confirm positive POCT results | <input type="checkbox"/> Perform Quantitative Testing on all prescribed medications and metabolites (Confirmation) <input type="checkbox"/> Confirm all illicit (Confirmation) <input type="checkbox"/> Confirm all additional testing requested on requisition form <input type="checkbox"/> Validate sample |
|---|--|

Analytes and Metabolites Available for Testing (Mark each group or drug required for standing order. For individual compounds within a group, please circle the compound requested.)

| | | | | | |
|--|--|--|---------------------|--|---|
| <input type="checkbox"/> Screen (Comprehensive) | Amphetamine | Buprenorphine | Methadone | Oxycodone | THC |
| | Barbiturates | Cocaine | Methamphetamine | Phencyclidine | Ethyl Alcohol |
| | Benzodiazepine | MDMA | Opiates | Propoxyphene | |
| <input type="checkbox"/> Opioids (3) | Codeine + Morphine | Hydrocodone + Hydromorphone + Norhydrocodone | | Oxycodone + Oxymorphone + Noroxycodone | |
| <input type="checkbox"/> Opioids (Semi-Synthetic) | Buprenorphine+Norbuprenorphine (Subutex) (4) | | | Buprenorphine+Norbuprenorphine+Naloxone (Suboxone) (4) | |
| <input type="checkbox"/> Opioids (Synthetic) | Methadone (6) | Fentanyl | Tramadol | Propoxyphene | |
| | EDDP (Methadone metabolite) (6) | Norfentanyl | 0-desmethyltramadol | Norpropoxyphene | |
| | Meperidine | Normeperidine | Tapentadol | Pentazocine | |
| <input type="checkbox"/> Benzodiazepines (7) | Alprazolam | Nordiazepam | Temazepam | Lorazepam | |
| | aOH-Alprazolam | Oxazepam | 7-Aminoclonazepam | | |
| <input type="checkbox"/> Amphetamines | Amphetamine (8) | Ritalinic Acid (Methylphenidate metabolite) | | | |
| <input type="checkbox"/> Barbiturates (9) | Butabital | Phenobarbital | | | |
| <input type="checkbox"/> Illicit | 6-AM (Heroin metabolite) | JWH-018 5-pentanoic acid (Spice/K2) | | MDMA (Ecstasy) (13) | Mitragnine (Kratom alkaloid, listed as "Drugs and Chemicals of Concern" by DEA) |
| | Benzoylcegonine (12) (Cocaine metabolite) | JWH-073 4-butanoic acid (Spice/K2) | | MDA | |
| | Methamphetamine (11) | UR-144 5-pentanoic acid (Spice/K2) | | MDEA | |
| | THC-COOH (10) (Marijuana metabolite) | | | MDPV(Bath salt) | |
| <input type="checkbox"/> Relaxant/Sleep Aids | Carisoprodol | Meprobamate (Carisoprodol metabolite) | Zaleplon | Zolpidem | Zopiclone |
| <input type="checkbox"/> GABA Analogues | Gabapentin | | Pregabalin | | |
| <input type="checkbox"/> SSRIs | Fluoxetine | Citalopram | Paroxetine | | |
| | Norfluoxetine | Desmethylcitalopram | Sertraline | | |
| <input type="checkbox"/> Tricyclic Antidepressants (15) | Amitriptyline | Imipramine | Doxepin | | Clomipramine |
| | Nortriptyline | Desipramine | Desmethyldoxepin | | Desmethyldoxepin |

PHYSICIAN AUTHORIZATION: I hereby authorize that the tests and classes selected on this laboratory standing order are to be performed on all of my patients. I only order laboratory tests that are reasonable and necessary for my patient. I understand that this standing order will remain in effect until changed by me and that I may change this order, on a case-by-case basis, by making my testing preferences clear on any laboratory service requisition form. I agree to provide diagnosis codes for each test that I order, in order to confirm medical necessity and enable Select Toxicology Labs, LLC to bill effectively on my patient's behalf.

Physician Signature: _____ Date: _____ Physician Signature: _____ Date: _____

Physician Signature: _____ Date: _____ Physician Signature: _____ Date: _____

Physician Signature: _____ Date: _____ Physician Signature: _____ Date: _____

Received and Reviewed by Lab: _____ Date: _____

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NOTES

- (1) If using customized orders, physician must document medical necessity of test ordered in the patient's chart per patient encounter. Medicare defines any order(s) that does not specifically address an individual patient's unique illness, injury or medical status, as not reasonable and necessary.
- (2) Quantify qualitative results at lower limits with drug specificity. Each separate drug tested is billed with the applicable CPT code. Physician should only order quantitative testing if physician deems it necessary to obtain information that qualitative testing alone does not provide.
- (3) Primary opioids are the most commonly prescribed opioids and the important metabolites in the opiate/opioid metabolic pathway. Quantitative test includes Codeine, Morphine, Hydrocodone, and Hydromorphone (CPT 80361), each may billed separately.
- (4) Quantitative test includes Buprenorphine and Norbuprenorphine (CPT 80348); each billed separately.
- (5) Quantitative test includes Oxycodone and Oxymorphone; billed as a single unit with CPT 80365.
- (6) Methadone and its metabolite may be billed as a signal unit with CPT 80358.
- (7) Quantitative test includes Alprazolam, aOH-Alprazolam, Nordiazepam, Temazepam, Oxazepam, Lorazepam, 7- Aminoclonazepam; billed as a single unit with CPT 80346.
- (8) Amphetamine may be billed as a single unit 80324.
- (9) Quantitative test includes Phenobarbital and Butalbital (CPT 80345); each billed separately.
- (10) THC-COOH may be billed as a single unit with CPT 80349.
- (11) Methamphetamine may be billed as a single unit with CPT 80324.
- (12) Benzoylcegonine (Cocaine) may be billed as a single unit with CPT 80353.
- (13) MDMA may be billed as a single unit with CPT 80359.
- (14) Phencyclidine may be billed as a single unit with CPT 83992.
- (15) Quantitative test includes Amitriptyline, Nortriptyline, Imipramine, Desipramine, Doxepin (CPT 80335); each billed separately.