Email form to: sbal@nath-mds.com OR vsharma@nath-mds.com Fax to: 844-604-0145

Predefined Custom Profile

Please select the substances you want to test for LC/MS CONFIRMATION

☐ **STIMULANTS**
- ☐ AMPHETAMINE
- ☐ METHAMPHETAMINE
- ☐ RITALINIC ACID
- ☐ PHENTERMINE
- ☐ METHYLPHENIDATE

☐ **BENZODIAZEPINES**
- ☐ ALPRAZOLAM
- ☐ ALPHA-HYDROXYALPRAZOLAM
- ☐ DIAZEPAM
- ☐ NORDIAZEPAM
- ☐ OXAZEPAM
- ☐ LORAZEPAM
- ☐ TEMAZEPAM
- ☐ CLONAZEPAM
- ☐ 7-AMINOCLONAZEPAM

☐ **BARBITURATES**
- ☐ BUTALBITAL
- ☐ PENTOBARBITAL
- ☐ SECOBARBITAL
- ☐ PHENOBARBITAL

☐ **ILLICITS**
- ☐ MDMA (ECSTASY)
- ☐ MDA
- ☐ MDEA
- ☐ PHENCYCLIDINE (PCP)
- ☐ 6-AM (HEROIN)
- ☐ BENZOYLECGONINE (COCAINE)
- ☐ THC-COOH (CANNABINOIDS)

☐ **ALCOHOL BIOMARKERS**
- ☐ ETHYL GLUCURONIDE (ETG)
- ☐ ETHYL SULFATE (ETS)

☐ **MUSCLE RELAXANTS**
- ☐ CARISOPRODOL
- ☐ MEPROBAMATE
- ☐ CYCLOBENZAPRINE

☐ **OPIOIDS/OPIATES**
- ☐ CODEINE
- ☐ MORPHINE
- ☐ HYDROCODONE
- ☐ HYDROMORPHONE
- ☐ NORHYDROCODONE
- ☐ OXYCODONE
- ☐ OXYMORPHONE
- ☐ NOROXYCODONE
- ☐ FENTANYL
- ☐ NORFENTANYL
- ☐ BUPRENORPHINE
- ☐ NORBUPRENORPHINE
- ☐ PROPOXYPHENE
- ☐ NALOXONE
- ☐ NALTREXONE
- ☐ TRAMADOL
- ☐ MEPERIDINE
- ☐ NORMEPERIDINE
- ☐ TAPENTADOL
- ☐ METHADONE
- ☐ EDDP

☐ **ANTIDEPRESSANTS**
- ☐ FLUOXETINE
- ☐ DULOXETINE
- ☐ AMITRIPTYLINE
- ☐ NORTRIPTYLINE
- ☐ DESIPRAMINE
- ☐ IMIPRAMINE
- ☐ DOXEPIN

☐ **OTHERS**
- ☐ ZOLPIDEM
- ☐ ZOPICLONE
- ☐ ZALEPLON
- ☐ GABAPENTIN
- ☐ PREGABALIN
- ☐ COTININE
- ☐ KETAMINE

By signing below, I authorize APC Health LLC to perform the above predefined custom panel on all of my patients. I understand that I have choice to order any or all APC Health LLC drug tests individually from patient's requisition form at any time, without ordering a panel. I agree to order any panel I have selected only if I have determined that each individual test component of the Panel is medically necessary for my patient, as documented in the patient's chart.

_____	_____	_____
Provider Name (Please Print)	Provider Signatures	Date

APC HEALTH LLC, 2817 MILLER RANCH RD, SUITE 317, PEARLAND TX 77584
TELEPHONE: (281) 240-0974, FAX: (844) 604-0145