



Mountain Medical Immediate Care Self-Drug Testing Information Sheet

5 Panel: \$37.00

Amphetamines
Cocaine
Marijuana
Opiates
Phencyclidine (PCP/Angel Dust)

6 Panel: \$40.00

Alcohol
Amphetamines
Barbiturates
Benzodiazepines
Cocaine
Marijuana
Opiates
Phencyclidine (PCP/Angel Dust)

10 Panel: \$47.00

Alcohol
Amphetamines
Barbiturates
Benzodiazepines
Cocaine
Marijuana
Methadone
Methaqualone (Quaaludes)
Opiates
Phencyclidine (PCP)
Propoxyphene

**Medical Review for
Positive Drug Tests \$25.00**

Direct Observation Add \$10

Patient/Donor Information

***All information is kept confidential & will only be released to you.**

Name: _____ DOB: _____

Social Security Number: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Driver's License or Passport Number: _____

What method of notification would you like for drug test/alcohol results?

- Telephone, is it ok for us to leave a voice mail? YES NO
- Email, email address: _____
- Fax, fax number: _____
- US mail, mailing address: _____

SELF TESTING #1800

Amount Paid: _____ Payment Method: Cash Check Visa

Date: _____ Time: _____ Witness: _____