

The Medical Laboratory

of Southwest Louisiana
1910 OAK PARK BLVD.
LAKE CHARLES, LA 70601
PHONE 337- 478-1214 FAX 337-478-2544

PATIENT NAME: _____

DATE: _____

ADDRESS: _____

DATE OF BIRTH : _____

CITY, STATE: _____ ZIP _____

MALE _____ FEMALE _____

PHONE: _____

SOC. SEC. # _____

DO YOU HAVE A PICTURE ID WITH YOU? YES _____ NO _____

*****YOU MAY NOT LEAVE THE BUILDING UNTIL TESTING IS*****
!!!COMPLETED!!!

DRUG SCREEN CONSENT & DECLARATION OF MEDICATION FORM

I hereby voluntarily submit a urine specimen to The Medical Laboratory of SWLA, it's agents, and it's subcontractors, for drug screening. The urine specimen may be tested for some or all of the following drugs:

Amphetamines
Barbiturates
Phencyclidine
Cannabinoid Screen

Codeine
Propoxyphene (Darvon)
Methadone
Benzodiazepine

Opiate
Cocaine
Ethanol

I hereby voluntarily authorize the release of the results of this drug screen to _____ **(employer, court, probation officer, company, parent etc.)**. I also hold harmless The Medical Laboratory of SWLA, it's agents and subcontractors in any legal action, termination, suspension, or failure to employ, that may come as a result of these tests being released to the above named party.

I hereby declare that these are all of the medications that I may have taken in the preceding 30 days:

I hereby acknowledge that I have read and I understand the above information, and have been given the opportunity to clarify and ask further questions.

