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Robert J. Franey President/Chemist Richard W. Kocon, Ph. D Director Www.franey medical lab.com

Date of Birth Sex MD FD Social Security #	Date of Collection	•							
Address State									
Scale Caucadin Strian American Hispanic Asian Other		•	□ □ □ □ □ Medicare □ Tuffs □ RMCHP						
Primary Insurance			☐ BCBS ☐ Harvard Pilgrim ☐ Neighborhood HP						
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Policy # Fax # Copy To Attach copy of front and back of insurance card Policy # Policy # Attach copy of front and back of insurance card Policy # P			· oney »						
Table			,						
Diagnosis Codes For Medical Necessity Physician Signature authorize that poyment of medical benefits by my insurance carrier be made to Francy Medical Laboratories. 1 Jackmowledge responsibility for any consurrance deductibles and accept exponsibility for payment for medically mecessary trug testing ordered by my physician if testing mits have been acceeded. I further authorize the release of my medical information necessary to process this claim and I permit a copy of this authorization to be used in place of the original. X Patient Signature (REQUIRED) Date TOXICOLOGY URINE PRESUMPTIVE TESTS (IA) DEFINITIVE TESTS (Mass Spectrometry) SCREEN G-ACETYLMORPHINE (HEROIN) ALCOHOL (ETHANDL) AMPHETAMINES BARBITURATES BENZODIAZEPINE ID									
Authorize that payment of medical benefits by my insurance carrier be made to Franey Medical Laboratories. I acknowledge responsibility for any coinsurance deductibles and accept expensibility for any professional description of the payment for imboratory beats not covered by insurance. This also includes responsibility for payment for medically necessary drug testing ordered by my physician if festing mits have been exceeded. I further authorize the release of my medical information necessary to process this claim and I permit a copy of this authorization to be used in place of the original. Date									
presumptive reparent for laboratory tests not covered by insurance. This also includes responsibility for payment for medically incessary drug festing ordered by my physician if festing mints have been exceeded. I further authorize the release of my medical information necessary to process this claim and ipermit a copy of this authorization to be used in place of the original. Date	Physician Signature		Diagnosis codes for Medical Necessity						
PRESUMPTIVE TESTS (IA) DEFINITIVE TESTS (Mass Spectrometry) SCREEN G-ACETYLMORPHINE (HEROIN) ALCOHOL (ETHANOL) AMPHETAMINES BARBITURATES BENZODIAZEPINES BENZODIAZEPINE BORTANAL BENZODIAZEPINE BORTANAL BENZODIAZEPINE BORTANAL BENZODIAZEPINE BORTANAL BENZODIAZEPINE BORTANAL BENZODIAZEPINE BORZAPENTIN BENZODIAZENE BORZAPENTIN BENZODIAZENE BORZAPENTIN BENZODIAZENE BORZAPENTIN BENZODIAZENE BORZAPENTIN BORZAPENTIN BORZAPENTIN BORZAPINE BORZAP	responsibility for payment for laboratory tests not covered	by insurance. This also includes responsibility	for payment for medically necessary drug testing ordered by my physician if testing						
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TOXICOLOGY URINE PRESUMPTIVE TESTS (IA) DEFINITIVE TESTS (Mass Spectrometry) SCREEN G-ACETYLMORPHINE (HEROIN) ALCOHOL (ETHANOL) AMPHETAMINES BARBITURATES BENZODIAZEPINE ID GOCAINE FENTANYL GABAPENTIN FENTANYL GABAPENTIN FENTANYL METHYLPHENIDATE OPIATE ID OPIATE ID OPIATE ID OPIATE ID OYCODONE OXYCODONE OXYCODONE OXYCODONE TRAMADOL TRAMATOL TRAMAT	Patient Signature (REQUIRED)								
SCREEN G-ACETYLMORPHINE (HEROIN)	□ OBSERVED COLLECTION								
G-ACETYLMORPHINE (HEROIN) BATH SALTS BENZODIAZEPINE ID BUPRENORPHINE BARBITURATES	PRESUMPTIVE TESTS (IA)	DEFINITIV	/E TESTS (Mass Spectrometry)						
G-ACETYLMORPHINE (HEROIN) BATH SALTS BENZODIAZEPINE ID BUPRENORPHINE BARBITURATES	,		, , , , , , , , , , , , , , , , , , , ,						
□ ALCOHOL (ETHANOL) □ AMPHETAMINES □ BARBITURATES □ BENZODIAZEPINES □ BENZODIAZEPINES □ BENZODIAZEPINES □ BENZODIAZEPINES □ BENZODIAZEPINES □ BENZODIAZEPINES □ BUPRENORPHINE NORBUPRENORPHINE □ ETG (ALCOHOL METABOLITE) □ GABAPENTIN □ FENTANYL □ GABAPENTIN □ FENTANYL □ OPIATES □ OYCODONE □ OXYCODONE □ OXYCODONE □ OXYCODONE □ OXYCODONE □ TRAMADOL □ TRAMADOL □ TRAMADOL □ OTHER □ □ □ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology □ SPANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP	SCREEN		LCMS ONLY						
□ AMPHETAMINES □ BUPRENORPHINE □ BARBITURATES □ COCAINE □ COCAINE □ FENTANYL □ FENTANYL □ GABAPENTIN □ FENTANYL □ OPIATE ID □ OPIATES □ OXYCODONE □ OXYCODONE □ SYNTHETIC MARIJUANA □ PHENCYCLIDINE (PCP) □ TRAMADOL □ TRAMADOL □ OTHER □ OTHER □ OTHER #SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology ##INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology	` ,		_						
BARBITURATES BENZODIAZEPINES COCAINE FETG (ALCOHOL METABOLITE) FENTANYL FETG (ALCOHOL METABOLITE) FENTANYL GABAPENTIN FENTANYL METHADONE OPIATES OXYCODONE OXYCODONE THC (MARIJUANA) THC (MARIJUANA) TRAMADOL OTHER OTHER SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology # SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology	,	_	_						
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□ FENTANYL □ METHADONE □ OPIATE ID □ OXYCODONE □ OXYCODONE □ SYNTHETIC MARIJUANA □ PHENCYCLIDINE (PCP) □ TRAMADOL □ TRAMADOL □ OTHER □ □ □ OTHER □ □ □ OTHER □ □ □ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology □ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP									
METHADONE	☐ ETG (ALCOHOL METABOLITE)		☐ GABAPENTIN						
□ OPIATES □ OXYCODONE □ PHENCYCLIDINE (PCP) □ THC (MARIJUANA) □ TRAMADOL □ OTHER □ OTHER □ OTHER □ OTHER □ OTHER □ OTHER □ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology □ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP									
□ OXYCODONE □ SYNTHETIC MARIJUANA □ PHENCYCLIDINE (PCP) □ TRAMADOL □ THC (MARIJUANA) □ □ OTHER □ □ □ OTHER □ □ ■ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology ■ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology □ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP									
□ PHENCYCLIDINE (PCP) □ THC (MARIJUANA) □ TRAMADOL □ OTHER □ □ □ OTHER □ □ ■ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology HAIR FOLLICLE TESTING □ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP									
□ THC (MARIJUANA) □ TRAMADOL □ OTHER □ □ □ OTHER □ □ □ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology HAIR FOLLICLE TESTING □ SPANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP									
□ TRAMADOL □ OTHER □ □ ■ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology HAIR FOLLICLE TESTING □ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP	• • • • • • • • • • • • • • • • • • • •								
■ SPECIMEN INTEGRITY (Creatinine / pH / Specific Gravity) performed on all urine toxicology HAIR FOLLICLE TESTING 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP	☐ TRAMADOL ´								
HAIR FOLLICLE TESTING 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP	□ OTHER								
□ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP	■ SPECIMEN INTEGRITY (Creatinine /	pH / Specific Gravity) performed on a	all urine toxicology						
□ 5 PANEL - AMPHETAMINES, COCAINE, OPIATE, THC, PCP	——————————————————————————————————————								
□ EXTENDED OPIATE PANEL - OXYCODONE, OXYMORPHONE, HYDROCODONE, HYDROMORPHONE			DROCODONE HYDROMORPHONE						









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	www.franevmedicallah.com

		Temp	Medications	
Name (Last, First)				
Date of Birth	Sex MIT FIT Social Secu	ırity #		
Address			Insurance ☐ Medicare ☐ Tufts ☐ BMCHP ☐ MassHealth ☐ Cigna ☐ Network Health	
City	State Zip	Phone #	☐ BCBS ☐ Harvard Pilgrim ☐ Neighborhood HP ☐ Other	
Race □ Caucasian □ African A	.merican □ Hispanic □ Asian □ (Other		
Physician / Facility Na			Primary Insurance	
			1 One y 11	
Address			Secondary Insurance	
City	State Zip		Policy #	
Tol #	Eav #	Copy To	*Attach copy of front and back of insurance card	
		сору 10		
			Diagnosis Codes For Medical Necessity	
Physician Signature				
responsibility for payment for labora	atory tests not covered by insurance	. This also includes responsibility for pay	I acknowledge responsibility for any coinsurance/ deductibles and accept ment for medically necessary drug testing ordered by my physician if testing claim and I permit a copy of this authorization to be used in place of the original.	
X			_Date	
Patient Signature (REQUI	RED)		Batc	
	,			
INDIVIDUAL BLOOD	TESTS		BLOOD PANELS	
	order only those tests deemed me ient. Diagnosis Codes are required		☐ ACUTE HEPATITIS PANEL ☐ BASIC METABOLIC PANEL*	
□ ALBUMIN*	☐ CREATININE*	□ PTT*	(CHEM 8)	
□ ALKALINE*	□ FERRITIN	□ RETICULOCYTE CT	☐ COMPREHENSIVE METABOLIC*	
PHOSPHATASE	□ FOLATE	□ SED RATE*	PANEL (CHEM PANEL 14)	
□ ALT (SGPT)*	☐ GLUCOSE*	□ T4	□ ELECTROLYTE PANEL*	
□ AMYLASE	□ HDL-C*	☐ T4, FREE	☐ HEPATIC PANEL* (LIVER PROFILE)	
□ AMMONIA	☐ HEMOGLOBIN A1C	TEGRETOL (CARRAMAZERINE)	☐ LIPID PANEL*	
☐ AST (SGOT)* ☐ BNP (B-Type Natriuretic Peptide)	□ RPR □ IRON	(CARBAMAZEPINE) □ TSH	W/ CALCULATED LDL	
☐ BHCG SERUM, QUAL		☐ TRIGLYCERIDES*		
□ BHCG SERUM, QUANT	CAPACITY (TIBC)	□ URIC ACID		
☐ BILIRUBIN, DIRECT*	□ LIPASE	□ VALPROIC ACID	MICROBIOLOGY & URINALYSIS	
☐ BILIRUBIN, TOTAL*	□ LITHIUM	□ VITAMIN B12	IMIGITODIOEGGI & GITTIVALI GIG	
□ BUN*	☐ LYME Ab	☐ VITAMIN D 25-HYDROXY	☐ URINE CULTURE	
CALCIUM*	□ MAGNESIUM*	OTHER	☐ MISC. CULTURE	
☐ CBC, DIFF* ☐ CBC, DIFF, & ANC*	☐ PHOSPHORUS ☐ POTASSIUM*		SOURCE	
□ CBC, DIFF, & ANC	☐ PREALBUMIN		□ OTHER	
☐ CHOLESTEROL*	□ PROTEIN, TOTAL*			
□ CK	□PSA		☐ HcG (Urine Pregnancy - Qualitative)* ☐ URINALYSIS*	
☐ CRP-HIGH SENS.	☐ PT INR (Prothrombin Time)*	*Tests Performed In-House	LI UNIVALITOIO	
PANELS				
	patitis B Surface Antigen, Hepati	tis A Antibody-IGM, Hepatitis B Core A	Antibody-IGM, Hepatitis C Antibody CPT 80059	
·			CO ₂ , Glucose, Potassium, Sodium CPT 80048	
	Panel - Albumin, A/G Ratio, All	kaline Phosphatase, ALT (SGPT), Ani	on Gap, AST (SGOT), Bilirubin (total), BUN, Globulin, Glucose, Potassium, Sodium, Total Protein CPT 80053	
Electrolyte Panel - Anion Ga	ap, Chloride, CO ₂ , Potassium, S	_		
Hepatic Panel - Albumin, A/O	G Ratio, Alkaline Phosphatase, Al	LT (SGPT), AST (SGOT), Bilirubin (di	rect), Bilirubin (total), Globulin, Total Protein CPT 80076	
Lipid Panel - Cholesterol, Trig	glycerides, HDL-C, Calculated LE	DL-C, VLDL-C, Risk Ratio, Cardiac Ri	sk Assessment CPT 80061	

FOR OFFICE US	E ONLY	□ VENIPUNCTURE □ HOUSE CALL	☐ ASSITED LIVING HOUSECALL	☐ SKILLED NUR	SING HOUSECALL	☐ FACILITY CALL
# OF PT'S TO	TAL MILES	MILES PER PT	FASTING NO YES	HRS	INITIALS	