

CLIENT NAME: _____ DATE OF BIRTH: _____

Select Referring Agency

- Gunnison Combined Courts/ Sherriff's Office
- Juvenile Services
- Mental Health Center
- Teocalli Treatment Center
- Outside Probation Agency, Specify/ Contact Info: _____
- Other, Specify/Contact Info: _____

Select Desired Screening

- **7 panel** (Meth/Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Opiates, PCP, THC) \$20.00
- **10 panel** (EtG, Meth/Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, Oxycodone, PCP, THC) \$25.00
- **10panel** (Same as above with automatic quantitative confirmation on positives) \$30.00
- **11 panel** (EtG, Meth/Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, Oxycodone, PCP, THC, Heroin Metabolite) \$30.00

Select Frequency

- One time Screening
- One time per month random
- Two times per month random
- One time per week random
- Two times per week random
- Three times per week random
- Other, Specify: _____

X

X

Referring Agent Signature

Client Signature