

Memorial Prompt Care Medical Group, Inc.

In-Office Drug Screen

Consent Form

1. I authorize the collection of this urine specimen for the purpose of a drug screen.
2. I acknowledge that the specimen will be tested in my presence for Cocaine, Methamphetamines, Morphine, PCP (phencycline), THC and Marijuana, and that the information provided on this form is correct.
3. I understand that this is only a screening test and that further confirmation by a reference laboratory will be necessary if results are not negative.
4. I authorize the collector to send the specimen to the reference laboratory for confirmation if my specimen is not initially screened as negative.
5. I authorize Memorial Prompt Care to release the results of the test to the employer identified on this form, or its designated agents.
6. I understand that the medical personnel performing the screening test cannot answer questions or discuss the preliminary drug screen results or methods used. Final test results will be made available to me and I will have an opportunity to discuss them with the medical director, if necessary.

Patient Name

Social Security Number

Patient Signature

Date

Employer Name

Employer Address

Witness

Date