

5-Panel Drug Test

PATIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy
Gender: _____ Contact Information: _____

TEST DETAILS

Date of Test: _____ dd / mm / yyyy Test Method: _____
Testing Reason: _____

PANEL COMPONENTS

Cannabinoids (Marijuana, Hash): _____ Cocaine (Cocaine, Crack): _____
Amphetamines (Amphetamines, Methamphetamine): _____ Opiates (Heroin, Codeine, Morphine): _____
Phencyclidine (PCP): _____

RESULTS

Cannabinoids: _____ Cocaine: _____
Amphetamines: _____ Opiates: _____
Phencyclidine: _____

Interpretation:

Recommendations: