## 9-panel Drug Test

Patient Information		
Name:		
Date of Birth:		
Gender:		
Address:		
Contact Number:		
Medical History:		
Test Details		
Test Type:		
Date of Test:		
Time of Test:		
Testing Facility:		
Medical professional Conducting Test:		
Test Results		
Drug Panel	Positive	Negative

Drug Panel	Positive	Negative
Marijuana (THC)		
Cocaine (COC)		
Amphetamines (AMP)		
Methamphetamines (mAMP)		
Opiates (OPI)		
Phencyclidine (PCP)		
Barbiturates (BAR)		
Benzodiazepines (BZO)		
Methadone (MTD)		

Notes			
Recommendations			
Follow-Up			
Medical Professional's Signat	ure:		
Date:			