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
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 Signature: ________________________________

Date: _________________________