heliosDX

1-TOUCH = TM² TOXICOLOGY

1. Patient Information

Last Name / First Name / MI

Address / APT#

City / State / Zip / County

Phone # | Email

Date of Birth | SSN

Insurance | Subscriber ID

Group # | Bill to: ☐ Insurance ☐ Self Pay

* include copy of insurance card.

☐ Male ☐ Female

Race:
☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other ☐ N/A

Ethnicity:
☐ Hispanic ☐ Non-Hispanic ☐ N/A

2. Provider Information

Client Name / Account #

Address / APT#

City / State / Zip

Phone # | Fax #

Ordering Provider | Collection Date

ICD Code(s) | Collection Time ☐ AM ☐ PM | Collector Initials

3. Medical Necessity

As an ordering provider, I acknowledge that: 1) Only tests that are medically necessary have been ordered, 2) I have the flexibility to order tests individually or in combination as I deem medically necessary for each patient; 3) I agree to provide the laboratory any documentation necessary to collect reimbursement for services provided (e.g. medical records, chart notes).

Provider Signature:_____ Date:_____

4. Consent for Testing

The information I have provided on this form is accurate. I authorize HeliosDX to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to HeliosDX for services I receive. I am aware that HeliosDX may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature:_____ Date:_____

5. Tests

☐ **Confirmation of individual tests as specified checked below w/hormones**

☐ **Confirmation of all classes (Documentation baselines required)**

☐ **Hormone profile w/ (DBS serum)** ☐ CORTISOL ☐ CORTISONE ☐ PROGESTERONE ☐ TESTOSTERONE ☐ ANDROSTENEDIONE ☐ PREGENOLONE

PLEASE CHECK PRESCRIBED MEDICATION OR ANALYTE FOR CORRECT MEDICATION MATCHING ON REPORT

Drug Classification	Analytes Confirmed or Detected		Brand Name Medication or Example			
☐ **ALKALOIDS**	☐ COTININE ☐ CAFFEINE		NICOTINE COFFEE	ENERGY DRINK		
☐ **AMPHETAMINE**	☐ AMPHETAMINE ☐ METHAMPHETAMINE		VYVANSE DESOXYN	ADDERALL CRYSTAL		
☐ **STIMULANT**	☐ PHENTERMINE ☐ METHYLPHENIDATE		ADIPEX-P RITALIN	LOMAIRA FOCALIN		
☐ **ANTI-CONVULSANT**	☐ LAMOTRIGINE ☐ GABAPENTIN		LAMICTAL NEURONTIN			
☐ **ANTI-DEPRESSANTS SSRI**	☐ CITALOPRAM ☐ FLUOXETINE ☐ SERTRALINE		LEXAPRO PROZAC ZOLOFT	CELEXA		
☐ **ANTI-DEPRESSANTS TCA**	☐ DESIPRAMINE ☐ IMIPRAMINE ☐ NORTRIPTYLINE ☐ AMITRIPTYLINE		NORPRAMIN TOFRANIL PAMELOR ELAVIL	 AVENTYL LIMBITROL		
☐ **ANTI-DEPRESSANTS NDRI**	☐ BUPROPION		WELLBUTRIN	ZYBAN		
☐ **ANTI EPILEPTICS**	☐ LAMOTRIGINE		LAMICTAL			
☐ **ANTI-PSYCHOTICS**	☐ OLANZAPINE ☐ 7-HYDROXYQUETIAPINE ☐ ARIPIPIPRAZOLE	☐ QUETIAPINE	ZYPREXA SEROQUEL ABILIFY	 ARISTADA		
☐ **ANALGESICS**	☐ ACETAMINOPHEN		TYLENOL			
☐ **BARBITURATES**	☐ PHENOBARBITAL ☐ BUTALBITAL		 FIORINAL	SOLFOTON FIORCET	LUMINAL ESGIC	
☐ **BENZODIAZEPINES**	☐ 7-AMINOCLONAZEPAM ☐ LORAZEPAM ☐ OXAZEPAM ☐ ALPHA-HYDROXYALPRAZOLAM ☐ NORDIAZEPAM ☐ TEMAZEPAM	☐ CLONAZEPAM ☐ ALPRAZOLAM ☐ DIAZEPAM	KLONOPIN ATIVAN SERAX XANAX VALIUM RESTORIL			
☐ **CANNABINOIDS**	☐ THC-COOH	☐ THC				
☐ **ILLICITS**	☐ 6-MAM ☐ MDA ☐ BENZOYLECGONINE ☐ PCP	☐ MDMA	HEROIN ECSTASY COCAINE ANGEL DUST			
☐ **OTHER**	☐ 7-OH MITRAGYNINE		KRATOM			
☐ **OPIATE - NATURAL**	☐ CODEINE ☐ MORPHINE ☐ HYDROMORPHONE		TYLENOL #3 MS CONTIN DILAUDID			
☐ **OPIATE - SEMI-SYNTHETIC**	☐ OXYMORPHONE ☐ NOROXYCODONE ☐ NORHYDROCODONE	 ☐ OXYCODONE ☐ HYDROCODONE	OPANA PERCOCET LORTAB	 XTAMPZA ER VICODIN	 NORCO	 HYSINGLA ER
☐ **OPIATE-SYNTETIC**	☐ TAPENTADOL ☐ O-DESMETHYL-TRAMADOL ☐ NORFENTANYL ☐ NORMEPERIDINE ☐ NORBUPRENORPHINE ☐ EDDP	 ☐ TRAMADOL ☐ FENTANYL ☐ MEPERIDINE ☐ BUPRENORPHINE ☐ METHADONE	NUCYNTA ULTRAM ACTIQ DEMEROL BUTRANS DOLOPHEN	 SUBLIMAZE SUBOXONE		
☐ **OPIATE ANTAGONISTS**	☐ NALOXONE		SUBOXONE			
☐ **SEDATIVE - HYPNOTICS**	☐ ZOLPIDEM-COOH	☐ ZOLPIDEM	AMBIEN	AMBIEN CR		
☐ **SKELETAL MUSCLE RELAXANTS**	☐ CARISPRODOL ☐ CYCLOBENZAPRINE	☐ MEPROBAMATE	SOMA FLEXERIL	MILTOWN		

When ordering tests for which Medicare reimbursement will be sought, Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient, rather than for screening purposes.

Go to our website, www.heliosdx.com, for important information regarding responsible ordering.

1122 Cambridge Square | Suite E
Alpharetta, GA 30009

T 423.206.2299
E info@heliosdx.com

Testing to be performed at CLIA# 19D2139173
800 N. Causeway Blvd., Suite 300, Mandeville, LA 70448