PHYSICIAN AUTHORIZATION FORM

Provide this form to your physician so that you can ensure all lab tests are requested and completed as listed below.

I request the laboratory to perform a common drug screen on the individual listed below.

Student Name: _____

Student Date of Birth: _____

Physician Signature: _____

Physician Name (printed or typed): _____

Date: _____

INSTRUCTION TO THE LAB:

THE TEST MUST BE A MINIMUM 9 PANEL DRUG SCREEN INCLUDING:

Amphetamines
Cocaine Metabolite
Marijuana Metabolite
Opiates
Phencyclidine
Barbiturates
Benzodiazepines
Methadone
Propoxyphene

Instructions for individual: Please scan/email or hand this form and a copy of the drug screen results from the physician and/or laboratory directly to William Watson or your instructor.

Thank you,

William A. Watson, MPA
Program Coordinator
Center for Professional Education at UTC
P: (423) 425-4344
F: (423) 425-4170
www.utc.edu/cpe
William-A-Watson@utc.edu

THE UNIVERSITY OF TENNESSEE CHATTANOOGA
CENTER FOR PROFESSIONAL EDUCATION