



PATIENT NAME _____ DATE OF BIRTH _____ DATE OF SERVICE _____

Below find a listing of the most commonly prescribed medications in each drug class that is offered by Stone Clinical Laboratories, LLC. Please clearly circle or check the current medications that the listed patient has been prescribed. Note that if the provider orders a definitive confirmation of prescribed medications then medication that has been circled or checked will be tested based on that order on the requisition form. Italicized medications indicate the generic names. Medications in **bold** represent combination drugs. When available on the Stone Clinical Laboratories, LLC test menu, all medication components will be tested.

<p>AMPHETAMINES</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Adipex® <input type="checkbox"/> <i>Amphetamine</i> <input type="checkbox"/> <i>Amphetamine Salts</i> <input type="checkbox"/> Adderall® <input type="checkbox"/> Adzenys XR-ODT® <input type="checkbox"/> Desoxyn® <input type="checkbox"/> Dyanavel XR® <input type="checkbox"/> Evekeo® <input type="checkbox"/> Fastin® <input type="checkbox"/> Ionamin® <input type="checkbox"/> <i>Methamphetamine</i> <input type="checkbox"/> Oby-trim® <input type="checkbox"/> <i>Phentermine</i> <input type="checkbox"/> Other: _____
<p>ANTIDEPRESSANTS; SSRI, SNRI</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Brisdelle® <input type="checkbox"/> Celexa® <input type="checkbox"/> <i>Citalopram</i> <input type="checkbox"/> <i>Cymbalta</i> ® <input type="checkbox"/> <i>Duloxetine</i> <input type="checkbox"/> <i>Escitalopram</i> <input type="checkbox"/> Lexapro® <input type="checkbox"/> <i>Fluoxetine</i> <input type="checkbox"/> Fontex® <input type="checkbox"/> <i>Paroxetine</i> <input type="checkbox"/> Paxil® <input type="checkbox"/> Paxil CR® <input type="checkbox"/> Peveva® <input type="checkbox"/> Prozac® <input type="checkbox"/> <i>Sertaline</i> <input type="checkbox"/> Sarafem® <input type="checkbox"/> Zoloft® <input type="checkbox"/> Other: _____
<p>ANTIDEPRESSANTS; TRICYCLICS</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Adapin® <input type="checkbox"/> <i>Amitriptyline</i> <input type="checkbox"/> Elavil® <input type="checkbox"/> <i>Aventyl</i> ® <input type="checkbox"/> Remeron® <input type="checkbox"/> <i>Desipramine</i> <input type="checkbox"/> <i>Doxepin</i> <input type="checkbox"/> <i>Imipramine</i> <input type="checkbox"/> <i>Mirtazapine</i> <input type="checkbox"/> Norpramin® <input type="checkbox"/> <i>Nortriptyline</i> <input type="checkbox"/> Pamelor® <input type="checkbox"/> Prudoxin® <input type="checkbox"/> Remeronsoftab® <input type="checkbox"/> Silenor® <input type="checkbox"/> Sinequan® <input type="checkbox"/> Zispin® <input type="checkbox"/> Zonalon® <input type="checkbox"/> Tofranil® <input type="checkbox"/> Tofranil-PM® <input type="checkbox"/> Vanatrip® <input type="checkbox"/> Other: _____
<p>ANTIDEPRESSANTS; NOT OTHERWISE SPECIFIED</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Buproban® <input type="checkbox"/> <i>Bupropion</i> <input type="checkbox"/> Contrave ® <input type="checkbox"/> Welbutrin® <input type="checkbox"/> Effexor® <input type="checkbox"/> Pristiq® <input type="checkbox"/> <i>Venlafaxine</i> <input type="checkbox"/> Zyban® <input type="checkbox"/> Other: _____
<p>ANTI-ELEPTIC</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Tegretol®
<p>BARBITURATES</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> <i>Amobarbital</i> <input type="checkbox"/> Amytal® <input type="checkbox"/> Fioricet® <input type="checkbox"/> Bupap® <input type="checkbox"/> <i>Butabarbital</i> <input type="checkbox"/> <i>Butalbital</i> <input type="checkbox"/> Butisol® <input type="checkbox"/> Seconal® <input type="checkbox"/> Luminal® <input type="checkbox"/> Nembutal® <input type="checkbox"/> <i>Pentobarbital</i> <input type="checkbox"/> <i>Phenobarbital</i> <input type="checkbox"/> Fioricet with Codeine #3 ® <input type="checkbox"/> <i>Secobarbital</i> <input type="checkbox"/> Other: _____
<p>BENZODIAZEPINES</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> <i>Alprazolam</i> <input type="checkbox"/> Ativan® <input type="checkbox"/> <i>Clonazepam</i> <input type="checkbox"/> Dalmene® <input type="checkbox"/> <i>Diazepam</i> <input type="checkbox"/> Xanax® <input type="checkbox"/> <i>Flunitrazepam</i> <input type="checkbox"/> <i>Flurazepam</i> <input type="checkbox"/> Klonopin® <input type="checkbox"/> Restoril® <input type="checkbox"/> Rohypnol® <input type="checkbox"/> <i>Lorazepam</i> <input type="checkbox"/> Niravam® <input type="checkbox"/> <i>Oxazepam</i> <input type="checkbox"/> Serax® <input type="checkbox"/> <i>Temazepam</i> <input type="checkbox"/> Valium® <input type="checkbox"/> Other: _____
<p>BUPRENORPHINE</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Belbuca® <input type="checkbox"/> Bunavail ® <input type="checkbox"/> <i>Buprenorphine</i> <input type="checkbox"/> Buprenex® <input type="checkbox"/> Butrans® <input type="checkbox"/> Suboxone ® <input type="checkbox"/> Subutex ® <input type="checkbox"/> Zubsolv ® <input type="checkbox"/> Other: _____
<p>FENTANYLS</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Abstral® <input type="checkbox"/> Actiq® <input type="checkbox"/> Duragesic® <input type="checkbox"/> <i>Fentanyl Patch</i> <input type="checkbox"/> Fentora® <input type="checkbox"/> Lazanda® <input type="checkbox"/> Onsolis® <input type="checkbox"/> Sublimaze® <input type="checkbox"/> Subsys® <input type="checkbox"/> Other: _____
<p>GABAPENTIN</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Fanatrex® <input type="checkbox"/> Gabarone® <input type="checkbox"/> Gralise® <input type="checkbox"/> Horizant® <input type="checkbox"/> Neurontin® <input type="checkbox"/> Other: _____
<p>KETAMINE</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Ketalar® <input type="checkbox"/> Kentanest® <input type="checkbox"/> Ketoses® <input type="checkbox"/> Other: _____
<p>METHADONE</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Dolphine® <input type="checkbox"/> Methadose® <input type="checkbox"/> Methadone Diskets® <input type="checkbox"/> Other: _____
<p>METHYLPHENIDATE</p> <p>Date/Time Last Dose: _____</p> <p>QD BID TID PRN Dose: _____</p>	<input type="checkbox"/> Aptensio XR® <input type="checkbox"/> Concerta® <input type="checkbox"/> Daytrana® <input type="checkbox"/> Metadate CD® <input type="checkbox"/> Metadate® ER <input type="checkbox"/> Methylin® ER <input type="checkbox"/> Methylin® <input type="checkbox"/> QuilliChew®ER <input type="checkbox"/> Quillivant®ER <input type="checkbox"/> Ritalin® <input type="checkbox"/> Ritalin LA® <input type="checkbox"/> Ritalin-SR® <input type="checkbox"/> Other: _____



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<p>OPIATES (NON-OXYCODONE) Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Anexisa® <input type="checkbox"/> Astramorph PF® <input type="checkbox"/> Avinza® <input type="checkbox"/> Codeine <input type="checkbox"/> Cotabflu® <input type="checkbox"/> Colrex® <input type="checkbox"/> Dilaudid® <input type="checkbox"/> Dilaudid-5® <input type="checkbox"/> Duramorph® <input type="checkbox"/> Exalgo® <input type="checkbox"/> Tylenol with Codeine #3® <input type="checkbox"/> Tylenol with Codeine® <input type="checkbox"/> Fiorinal with Codeine® <input type="checkbox"/> Hycet <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Hymorphan® <input type="checkbox"/> Hysingla ER® <input type="checkbox"/> Infumorph® <input type="checkbox"/> Kadian® <input type="checkbox"/> Lortab® <input type="checkbox"/> Lorcet® <input type="checkbox"/> Lorcet Plus® <input type="checkbox"/> Maxidone® <input type="checkbox"/> Maxiflu CD <input type="checkbox"/> Maxiflu CDX® <input type="checkbox"/> Morphine <input type="checkbox"/> MS Contin® <input type="checkbox"/> MSIR <input type="checkbox"/> Norco® <input type="checkbox"/> Oramorph SR® <input type="checkbox"/> Pheflu CDX® <input type="checkbox"/> Phrenilin® <input type="checkbox"/> Rescudose® <input type="checkbox"/> Roxanol <input type="checkbox"/> Roxanol-T <input type="checkbox"/> Stagesic® <input type="checkbox"/> Vicoprofen® <input type="checkbox"/> Reprexain <input type="checkbox"/> Soma with Codeine® <input type="checkbox"/> Verdrocet <input type="checkbox"/> Vicodin® <input type="checkbox"/> Vicodin ES® <input type="checkbox"/> Vicodin HP® <input type="checkbox"/> Xylon 10® <input type="checkbox"/> Xodol® <input type="checkbox"/> Zamicet® <input type="checkbox"/> Zohydro ER® <input type="checkbox"/> Zydone® <input type="checkbox"/> Other: _____</p>
<p>OPIOID AND OPIATE ANALOGS Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Naltrexone <input type="checkbox"/> Demerol® <input type="checkbox"/> Narcan® <input type="checkbox"/> Evzio® <input type="checkbox"/> Meperidine <input type="checkbox"/> Vivitrol® <input type="checkbox"/> Naloxone <input type="checkbox"/> ReVia® <input type="checkbox"/> Suboxone® <input type="checkbox"/> Targiniq ER® <input type="checkbox"/> Other: _____</p>
<p>OXYCODONE & OXYMORPHONE Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Dazidox® <input type="checkbox"/> Endocodone® <input type="checkbox"/> ETH-Oxydose® <input type="checkbox"/> Intensol® <input type="checkbox"/> M-Oxy® <input type="checkbox"/> Opana® <input type="checkbox"/> Opana ER® <input type="checkbox"/> Oxaydo® <input type="checkbox"/> Oxecta® <input type="checkbox"/> OxyContin® <input type="checkbox"/> Oxy IR® <input type="checkbox"/> Oxyfast® <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Percocet® <input type="checkbox"/> Percodan® <input type="checkbox"/> Roxicodone <input type="checkbox"/> Tylox® <input type="checkbox"/> Xtampza® <input type="checkbox"/> Numorphan HCl® <input type="checkbox"/> Xtampza ER® <input type="checkbox"/> Other: _____</p>
<p>PREGABALIN Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Lyrica® <input type="checkbox"/> Other: _____</p>
<p>PROPOXYPHENE Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Darvon® <input type="checkbox"/> Darvon-N® <input type="checkbox"/> Darvocet® <input type="checkbox"/> PP-Cap® <input type="checkbox"/> Propoxyphene <input type="checkbox"/> Other: _____</p>
<p>SEDATIVE HYPNOTICS (NON-BENZODIAZEPINE) Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Ambien® <input type="checkbox"/> Ambient CR® <input type="checkbox"/> Edluar® <input type="checkbox"/> Esczpiplcone <input type="checkbox"/> Intermezzo® <input type="checkbox"/> Lunesta® <input type="checkbox"/> Sonata® <input type="checkbox"/> Zaleplon <input type="checkbox"/> Zolpidem <input type="checkbox"/> Zolpimist® <input type="checkbox"/> Imovane® <input type="checkbox"/> Zimovane® <input type="checkbox"/> Other: _____</p>
<p>SKELETAL MUSCLE RELAXANTS Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Amrix® <input type="checkbox"/> Carisoprodol <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Equanil® <input type="checkbox"/> Fexmid® <input type="checkbox"/> Flexeril® <input type="checkbox"/> Meprobamate <input type="checkbox"/> MB-TAB® <input type="checkbox"/> Soma® <input type="checkbox"/> Vanadom® <input type="checkbox"/> Other: _____</p>
<p>TAPENTADOL Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Nucynta® <input type="checkbox"/> Nucynta ER® <input type="checkbox"/> Tapentadol <input type="checkbox"/> Other: _____</p>
<p>TRAMADOL Date/Time Last Dose: _____ QD BID TID PRN Dose: _____</p>	<p><input type="checkbox"/> Copnzip® <input type="checkbox"/> Ryzolt® <input type="checkbox"/> Tramadol <input type="checkbox"/> Ultracet® <input type="checkbox"/> Ultram® <input type="checkbox"/> Other: _____</p>

NOTES: _____

