



Facility Name: _____ Acct #: _____

Provider Authorization & Acknowledgement

I understand that as policy, Keystone Laboratory Inc. provides toxicology services to clients and assists in the best patient care possible. I certify that the tests ordered are medically necessary, and by providing my signature below I authorize Keystone Laboratory Inc. to perform toxicology testing on all samples accompanied with an appropriate, patient specific requisition form.

I have read and understand the test menu and their corresponding drug classes displayed on the Keystone requisition form.

I understand and agree to the Provider Authorization and Acknowledgement statement above:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

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