

## DRUG TESTING RELEASE

### PATIENT AUTHORIZATION AND NOTICE

We require all patients that we prescribe CERTAIN CONTROLLED SUBSTANCES to be tested at **your expense**. Florida law is very strict about prescribing these medications and we take it very seriously.

Please be patient with the medical assistant as they do not mean any disrespect when asking you for a urine sample. This testing is for the safety of you as well as for us. Thank you for your cooperation.

By signing below, you agree **NOT** to obtain the same or similar medication at another facility without the approval of the prescribing provider at **Treasure Coast Primary Care**. You understand that failure to comply with this policy will result in your discharge from the practice.

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Patient Name (print)

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Patient Signature

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Date

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Staff Signature

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Print Name