



Authorization for Services



Client Information: School District of Volusia County
Corporate Account Number: 24546837
SELF PAY ACCOUNT

Name: _____

Attention PRC: Patient is required to pay at the time of visit.

Please provide the following services checked below:

**10 Panel Urine Drug Screen
(Pre-Employment)**

Attention Collection Site:

1. If employee presents with printed copy of Authorization form: Have patient write name on form (if blank) and scan with encounter. If employee with an electronic version of Authorization form: Provide them with a copy of the form, ask them to enter name, and scan with encounter.
 2. **You must use a School District of Volusia County chain of custody form.**
 3. Patient is REQUIRED to provide their Social Security Number on the COC.
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Authorized by: School District of Volusia County Human Resources Department
Phone: 386-734-7190 ext. 20183 or 20184