



5208 N. Classen Circle OKC, OK 73118
Phone: 810-1766, Fax: 810-0331

Outpatient Substance Abuse, DUI, and Drug Testing Services
www.okcsos.com

Alcohol and Drug Testing, CAM and GPS Referral Form:

Client Name: _____ Court Case # (JD, CM, or CF): ____ - _____

Client Phone: _____ (DHS C.W. only) KK#: _____

Referral Name: _____ Phone: _____ Fax: _____

Drug Screening Program Options: (Check all that apply)

One Time Test or Random Testing: 7-days (M-Sun) a week

(Random schedule will consist of ____ tests per month for ____ months or ____ tests per week for ____ months).

Type of Testing: (Check all that apply)

Urinalysis: (One Panel) Drug Requested: _____

(7 panel, Same Day Results)

(7 panel, Results in 1-3 days)

(7-panel test- alcohol, marijuana, cocaine, amphetamine, opiates, methamphetamine, benzodiazepines, and barbiturates)

Adulteration Testing: (Check here, if you think the client is tampering or masking their samples)

(Additional fees apply. Detects the use of masking agents, bleach, and other methods clients try to use to cover up or hide their drug use)

Hair follicle:

(Hair Follicle test can detect regular drug use over a 90-day period, 5 panel test- (cocaine, amphetamines, opiates, marijuana, PCP)

Saliva Test:

(6-panel test- marijuana, cocaine, amphetamine, opiates, methamphetamine, PCP)

Alcohol Breathe Testing:

EtG Extended Alcohol Urine Test:

(Detects Alcohol use for up to 80-hours after last use)

CAM- Continuous Alcohol Monitoring:

(24/7 Alcohol and Curfew Violation Ankle Monitoring Bracelet. Detects any and all alcohol use 24 hours a day)

GPS Monitoring:

(24/7 GPS/location monitoring for any client that needs to have their location monitored i.e. (sex offenders, VPO's, domestic violence cases, etc)

YOU MUST REPORT TO THE OFFICE BELOW WITHIN (_____) WORKING DAYS

Bring all DHS, court, or other documents for enrollment. Call for enrollment Monday through Friday from 9am - 5: 30pm

Specialized Outpatient Services 5208 N. Classen Circle – OKC, OK. 73118

Office: (405) 810-1766 Fax: (405) 810-0331

Referring Party Signature (Judge, P.O., Principal, Caseworker, Etc..)

Date

Educating Our Community * Saving Our Families * Proving Treatment Works