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Urine Toxicology Consent Form

It is important that you tell your doctor all medications, as well as other substances, that you might be taking or have taken in the past.

Current or prior use of unapproved substances will have no influence on your doctor's decision for implementing drug therapy for your pain. It is important to discuss present use of unapproved substances because of the possibility of dangerous interactions between drugs that may be prescribed for you and substances that you may be taking without your doctor's knowledge.

The purpose of a urine toxicology evaluation is to provide a record of the presence of your prescribed drug in your urine (no evidence of diversion), as well as information regarding other substances you might be using (substances that you have not discussed with your doctor). This test is done to ensure your safety regarding drug-drug interactions as well as provide a record of your appropriate medication behavior while you are taking controlled substances prescribed by your doctor.

INFORMED CONSENT

I understand the reason that I will be giving my doctor a urine specimen. I understand that I may refuse this test, however I also understand that if I do refuse this test my doctor may restrict his prescribing of particular pain medicines to ensure my safety.

Patient Name (print) _____

Patient signature _____

Date _____ Witness _____

Current medications:

- | | |
|----|----|
| A. | B. |
| C. | D. |
| E. | F. |
| G. | H. |