

MEDICAL ASSOCIATES OF NORTH GEORGIA

Pain Clinic Director:

Steven M. Lobel, MD

Board Certified:

PM&R and Pain Medicine

Program Director:

Medical Associates

Pain Medicine Fellowship

Specializing in Interventional Spine and Sports Medicine

Urine Drug Screen

Pre-test Questionnaire

Please list all drugs that you are currently taking and the date you last took that drug.

<u>Drug</u>	<u>Date</u>	<u>Drug</u>	<u>Date</u>
<u>Hydrocodone</u>		Valium (Diazepam)	_____
Lortab		Xanax (Alprazolam)	_____
Lorcet	_____	Klonopin (Clonazepam)	_____
Norco		Restoril (Temazepam)	_____
Vicodin		Ativan (Lorazepam)	_____
		Halcion (Triazolam)	_____
<u>Oxycodone</u>		Amphetamines	_____
Percocet		Dexedrine	_____
Tylox		Adderal	_____
Oxycontin	_____	Ritalin (Methylphenidate)	_____
Roxicodone			
Endocet		Cocaine	_____
		Marijuana	_____
		Fiorinal/Fioricet	_____
<u>Morphine</u>			
MS Contin			
Kadian	_____		
Avinza			
Oramorph			
Fentanyl (Duragesic/Actiq)	_____	Patient:	_____
Methadone	_____	Date:	_____
Hydromorphone (Dilaudid)	_____		
Darvocet	_____		
Demerol (Mepergan)	_____		
Codeine	_____		