



**Random Drug Testing Notice**

Please be advised that all patients may be subject to a random drug test at your providers request.

When giving a urine sample we request that you wash your hands before entering restroom, leave all belongings on counter, and do not flush the toilet.

Thank you for your cooperation.

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date