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REFERRAL FOR DRUG TEST

At:

Bendiner & Schlesinger, Inc.
Walk-In Collection Facility
243 East 13th Street, between 2nd & 3rd, Manhattan, NY
Phone: 212-353-5111
Dr. Havlicek's Account #: F89675

DATE: _____

RE: _____

CASE CAPTION: _____

COURT INDEX NUMBER: _____

Dear Sirs:

Kindly provide a full panel hair follicle analysis and urine screen to _____ . This individual will pay for the tests directly at the time of the appointment. Bendiner & Schlesinger has on file my description of the requested tests, which I provided to Mr. Bonney Trent. Please see my account information (#F89675) for my office address and other information. Please fax the results to me at 516-776-9275.

Very truly,

Dr. Raymond Havlicek

This form must be signed by Dr. Havlicek to be valid