



# Instant Urine Test Order Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## QUANTITY OF TESTS ORDERED: \_\_\_\_\_



A clear explanation on how to take this test and how to interpret results is on our website under the link: [INTERPRETING A DRUG TEST](#).

## COSTS

◇ 1 to 5 tests at \$50 each \$ \_\_\_\_\_

◇ 6 or more tests are \$45 each \$ \_\_\_\_\_

## DELIVERY CHARGES: (Check One)



◇ Pick up	\$0
◇ Same day delivery (guaranteed within 24 hours-please call us directly)	\$20
◇ Fed-Ex (1-3 days)	\$10

## PAYMENT



<input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>MasterCard</b> Credit Card # _____ Expiration Date _____ I authorize you to take my credit card # _____
<input type="checkbox"/> <b>Check / Money Order</b> Make checks payable to <i>Columbia Addictions Center</i>
<input type="checkbox"/> <b>Cash</b>

**TOTAL # OF TESTS** \_\_\_\_\_

**TOTAL ENCLOSED \$** \_\_\_\_\_