

CORNERSTONE BEHAVIORAL HEALTHCARE
32 College Ave, Suite 206 Waterville

Client Name: _____

Client #: _____

Date: _____

Urine Cup Screen Checklist

Medicine	Positive	Negative
AMP		
BUP		
BZO		
COC		
FEN		
K2		
MET		
MDMA		
MTD		
OPI		
OXY		
THC		
TRA		
ETG		

Read by: _____

Date: _____

Provider Read: _____

Date: _____