



FOR: BSO CPIS USE

Authorized by CPI: _____ Phone () _____

Name of Person: _____ SSN# _____

Please report to the following medical facility:

**Broward County Drug Court
2926 North State Road 7
Lauderdale Lakes, FL 33313**

**Collection Hours: Monday–Thursday 8:30 AM - 8:15 PM
Friday 8:30 AM – 7:45 PM**

You must present 1 form of government issued photo ID.

***Please note appropriate attire is required including no drug paraphernalia and no sleeveless shirts.**

CATEGORY OF TESTING(S) TO BE PROVIDED

- 1. 10 panel testing** SELF PAY
- 2. 10 panel testing** BILLING BSO CPIS
- 3. Hair follicle testing** BILLING BSO CPIS