



UDS EXCUSE REQUEST

Today's Date: _____

Attention (clinician name): _____

Colorado Physician Health Program
899 Logan St. # 410 Denver, CO 80203
Phone: 303-860-0122, Fax - 303-860-7426

*CPHP requires at least two weeks notice on any UDS excused request. Last minute requests will not be considered without documentation of the emergency.

From/Name: _____

I am requesting to be excused from urine drug screen monitoring on the following date(s):

Three horizontal lines for entering dates.

I will be:

Five horizontal lines for describing the status.

I can be reached at the following number(s) and a confidential message can be left regarding this request:

One horizontal line for entering contact information.

For CPHP use only
List of checkboxes: excused, excused with make up on, not excused, client contacted, CL to contact client. Includes an Initials field.