

CPHP

COLORADO PHYSICIAN
HEALTH PROGRAM

UDS EXCUSE REQUEST

Attention Compliance Coordinator at CPHP:

Today's Date: _____

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): _____

I will be: _____

Please Provide Destination Zip Code:

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

For CPHP use only

- excused
- excused with make up on _____
- not excused
- client contacted
- Compliance Coordinator to contact client
- Initials: _____