EpicGenetics
We Sponsor Positivity®

Must be completed by the authorizing/ordering physician

Fax to: 310.552.1940
Physician authorization for test order—fax to: 310.552.1940

Patient Name (Last, First)

Address (Street/P.O. Box)

City, State Zip Code

Phone Fax Email

ICD-9/DX Code: 729.1-Fibromyalgia

Test Requested (please check): ☐ FM/a®—The FM Test

Physician Name (Last, First)

Address (Street/P.O. Box)

City, State Zip Code

Physician (Phone) (Fax) (Email)

Medications: Certain drugs, medications and supplements can interfere with the test process. These include steroids, anti-cancer drugs, anti-organ transplant drugs and any drugs that could affect the body's immune system, including some that are available over-the counter. **Does your patient take any of these drugs?** Please check only one box. If YES, please list the medications below.

☐ NO ☐ YES List medications here:

Ordering Physician's Signature Date

Submit Form