EpicGenetics

MUST BE COMPLETED BY REFERRING/ORDERING PHYSICIAN

Please fax form to: 310-268-1015

ICD-10/DX Code: M.79.7-Fibromyalgia D83.1, D83.8, D89.89

PATIENT INFORMATION

Prefix | Last Name | First Name

Street Address

City | State | Zip Code

Phone | Fax | Email

Test Requested (please circle) FM/a® - The FM Test

PHYSICIAN INFORMATION

Last Name | First Name

Street Address

City | State | Zip Code

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 medication below.

NO YES List Medications here: _____

Referring Physician Date