EpicGenetics
We Sponsor Positivity®

MUST BE COMPLETED BY THE AUTHORIZING/ORDERING PHYSICIAN

Physician authorization for test order—fax to: 310.552.1940
ICD-9/DX Code: 729.1-Fibromyalgia

PATIENT INFORMATION

Prefix | Last Name | First Name

Street Address

City | State | Zip Code

Phone | Fax | Email

Test Requested (please check): ☐ 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 medications below.

☐ NO ☐ YES List medications here: _____

_____

_____

_____

Ordering Physician's Signature | Date