

MUST BE COMPLETED BY THE AUTHORIZING/ORDERING PHYSICIAN

Physician authorization for test order—fax to: 310.552.1940
ICD-10/DX Code: M.79.7-Fibromyalgia D83.1, D83.8, D89.89, R53.82

PATIENT INFORMATION

Prefix	Last Name	First Name
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Street Address

City	State	Zip Code
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Phone	Fax	Email
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Test Requested (please check): FM/a®—The FM Test

PHYSICIAN INFORMATION

Last Name	First Name
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Street Address

City	State	Zip Code
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Phone	Fax	Email
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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
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