EpicGenetics

MUST BE COMPLETED BY REFERRING /ORDERING PHYSICIAN

Please fax form to: 310-268-1015

ICD-10/DX Code: 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

NPI #: _____

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 the box. If YES, please list the medications below.

NO YES List medications here: _____

_____

_____

_____

Referring Physician Date