

### MyPhenomeRx Test Requisition Form

Please fax completed form to **(612) 305-8918**

\*Required Field

<b>Ordering Entity Information</b>	
<i>Ordering Entity must set up account <b>prior</b> to ordering test</i>	
Ordering Provider Name*: _____	
NPI Number*: _____	Provider Specialty: _____
Practice Name*: _____	
Address*: _____	
City/State/Zip*: _____	
Office Phone*: (____) _____ - _____	Office Fax*: (____) _____ - _____
Office Contact Name*: _____	Office Email*: _____
Treating Provider (if different than ordering): _____	
<b>Patient Information</b>	
Full Name*: _____	
Date of Birth*: ____/____/____	Sex assigned at birth*: _____
Mobile Phone*: (____) _____ - _____	Email*: _____
Current Height* (in Inches): _____ ins.	Current Weight* (in Pounds): _____ lbs
<b>Billing Information</b>	
Submitting Diagnosis Code (ICD-10 Code): _____	
Method of Payment: <input type="checkbox"/> Self Pay <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance	
<i>Please attach a copy of insurance card, or fill out the information below</i>	
Insurance Name*: _____	Insurance Phone*: _____
Policy#: _____	Group#: _____
<b>Sample Collection Information</b>	
<input type="checkbox"/> Ship test kit to patient at the following address*: _____	
<b>OR</b>	
<input type="checkbox"/> Sample collected in office	
Sample Collected Date*: ____/____/____	Kit ID*: PHX _____
<b>Required Signature</b>	
<i>This signature confirms this test to be medically necessary for this patient. The test will be used as part of the clinical evaluation of obesity. Results will be interpreted in conjunction with clinical findings and other relevant information. Treatment decisions remain at the discretion of the ordering provider.</i>	
Clinician Signature*: _____	Date*: _____
Printed Name*: _____	
<b>*** INTERNAL USE ONLY ***</b>	
Account ID: _____	Received Date: ____/____/____
Processed By: _____	

*This form should only be used to request MyPhenomeRx lab order submission to Phenomix Sciences Clinical Laboratory 18202 Minnetonka Blvd, Deephaven, MN 55391, a CLIA certified laboratory (CLIA # 24D2304444). For assistance email [help@phenomixsciences.com](mailto:help@phenomixsciences.com).*