



1. Account Information

Clinic Name: _____ Requesting Physician: _____
Address: _____ NPI #: _____
Clinic Phone: _____

2. Patient Information

REQUIRED: ENCLOSE A COPY OF THE FRONT AND BACK OF PATIENT'S INSURANCE CARD(S)

Last: _____ First: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Sex: M F
Phone: _____ Date of Birth: _____ E-Mail: _____
S.S. #: _____ Workers Comp./Auto/LOP: Medicaid: Commercial: Self Pay:

I understand that I am responsible for all deductibles and co-pays for amounts not covered by insurance. By signing below, I acknowledge, authorize, and assign to Qitek Labs, LLC, any payment(s) made on my behalf for services provided to me by Qitek Labs, LLC. I also allow the release of any medical information necessary to process this claim.

Patient Signature: _____ Date: _____

3. ICD-10 Diagnosis Code(s)

1) _____ 2) _____ 3) _____ 4) _____

4. Test(s) Requested

Genetic Test Profile Requested, See Gene List on Last Page

- Comprehensive Pain Management
 Cardiology Psychiatry

5. Collection Information

Sample Type: Buccal Swab without buffer

Time Collected: _____ AM / PM
Date Collected: _____ Collected by: _____

6. Current Prescribed and OTC Medications

- | | | | | | | | |
|---|---|---------------------------------------|---|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> 5-fluorouracil | <input type="checkbox"/> Celexa | <input type="checkbox"/> Donepezil | <input type="checkbox"/> Haldol | <input type="checkbox"/> Mexitol | <input type="checkbox"/> Phenytoin | <input type="checkbox"/> Serax | <input type="checkbox"/> Trilafon |
| <input type="checkbox"/> Abilify | <input type="checkbox"/> Citalopram | <input type="checkbox"/> Doxepin | <input type="checkbox"/> Haloperidol | <input type="checkbox"/> Micronase | <input type="checkbox"/> Pimozide | <input type="checkbox"/> Sertraline | <input type="checkbox"/> Trimipramine |
| <input type="checkbox"/> Aciphex | <input type="checkbox"/> Clobazam | <input type="checkbox"/> Duloxetine | <input type="checkbox"/> Hydrocodone | <input type="checkbox"/> Mirtazapine | <input type="checkbox"/> Piroxicam | <input type="checkbox"/> Silenor | <input type="checkbox"/> Uftoral |
| <input type="checkbox"/> Actiq | <input type="checkbox"/> Clomipramine | <input type="checkbox"/> Effexor | <input type="checkbox"/> Iloperidone | <input type="checkbox"/> Morphine | <input type="checkbox"/> Pitavastatin | <input type="checkbox"/> Simvastatin | <input type="checkbox"/> Ultram |
| <input type="checkbox"/> Adderall | <input type="checkbox"/> Clopidogrel | <input type="checkbox"/> Effient | <input type="checkbox"/> Imipramine | <input type="checkbox"/> MS Contin | <input type="checkbox"/> Plavix | <input type="checkbox"/> Soma | <input type="checkbox"/> Valium |
| <input type="checkbox"/> Amaryl | <input type="checkbox"/> Clozapine | <input type="checkbox"/> Efudex | <input type="checkbox"/> Imuran | <input type="checkbox"/> Naltrexone | <input type="checkbox"/> Prasugrel | <input type="checkbox"/> Strattera | <input type="checkbox"/> Venlafaxine |
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Clozaril | <input type="checkbox"/> Elavil | <input type="checkbox"/> Inderal | <input type="checkbox"/> Nebivolol | <input type="checkbox"/> Pravachol | <input type="checkbox"/> Surmontil | <input type="checkbox"/> Vfend |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Codeine | <input type="checkbox"/> Enablex | <input type="checkbox"/> Invega | <input type="checkbox"/> Nexium | <input type="checkbox"/> Pravastatin | <input type="checkbox"/> Tabloid | <input type="checkbox"/> Vicodin |
| <input type="checkbox"/> Anafranil | <input type="checkbox"/> Coreg | <input type="checkbox"/> Escitalopram | <input type="checkbox"/> Irbesartan | <input type="checkbox"/> Norpramin | <input type="checkbox"/> Prevacid | <input type="checkbox"/> Tacrolimus | <input type="checkbox"/> Vivitrol |
| <input type="checkbox"/> Ansaid | <input type="checkbox"/> Coumadin | <input type="checkbox"/> Esomeprazole | <input type="checkbox"/> Lansoprazole | <input type="checkbox"/> Nortriptyline | <input type="checkbox"/> Prilosec | <input type="checkbox"/> Tambacor | <input type="checkbox"/> Voriconazole |
| <input type="checkbox"/> Aricept | <input type="checkbox"/> Crestor | <input type="checkbox"/> Fanapt | <input type="checkbox"/> Lescol | <input type="checkbox"/> Olanzapine | <input type="checkbox"/> Pristiq | <input type="checkbox"/> Tamsulosin | <input type="checkbox"/> Vyvanse |
| <input type="checkbox"/> Aripiprazole | <input type="checkbox"/> Cymbalta | <input type="checkbox"/> Feldene | <input type="checkbox"/> Lexapro | <input type="checkbox"/> Omeprazole | <input type="checkbox"/> Prograf | <input type="checkbox"/> Tegafar | <input type="checkbox"/> Warfarin |
| <input type="checkbox"/> Atomoxetine | <input type="checkbox"/> Darifenacin | <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Lipitor | <input type="checkbox"/> Ondansetron | <input type="checkbox"/> Propafenone | <input type="checkbox"/> Tetrabenazine | <input type="checkbox"/> Wellbutrin |
| <input type="checkbox"/> Atorvastatin | <input type="checkbox"/> Desipramine | <input type="checkbox"/> Fesoterodine | <input type="checkbox"/> Lisdexamfetamine | <input type="checkbox"/> Onfi | <input type="checkbox"/> Propranolol | <input type="checkbox"/> Thioguanine | <input type="checkbox"/> Xeloda |
| <input type="checkbox"/> Avapro | <input type="checkbox"/> Desvenlafaxine | <input type="checkbox"/> Flecainide | <input type="checkbox"/> Livalo | <input type="checkbox"/> Orap | <input type="checkbox"/> Protonix | <input type="checkbox"/> Thioridazine | <input type="checkbox"/> Xenazine |
| <input type="checkbox"/> Azathioprine | <input type="checkbox"/> Detrol | <input type="checkbox"/> Flomax | <input type="checkbox"/> Lopressor | <input type="checkbox"/> Orinase | <input type="checkbox"/> Purinethol | <input type="checkbox"/> Ticagrelor | <input type="checkbox"/> Zanaflex |
| <input type="checkbox"/> Brilinta | <input type="checkbox"/> Dexedrine | <input type="checkbox"/> Flurbiprofen | <input type="checkbox"/> Lovastatin | <input type="checkbox"/> Oxycodone | <input type="checkbox"/> Rabeprazole | <input type="checkbox"/> Timolol | <input type="checkbox"/> Zocor |
| <input type="checkbox"/> Bupropion | <input type="checkbox"/> Dexilant | <input type="checkbox"/> Fluvastatin | <input type="checkbox"/> Mellaril | <input type="checkbox"/> Paliperidone | <input type="checkbox"/> Razadyne | <input type="checkbox"/> Timoptic | <input type="checkbox"/> Zofran |
| <input type="checkbox"/> Bystolic | <input type="checkbox"/> Dexlansoprazole | <input type="checkbox"/> Focalin | <input type="checkbox"/> Mercaptopurine | <input type="checkbox"/> Pamelor | <input type="checkbox"/> Remeron | <input type="checkbox"/> Tizanidine | <input type="checkbox"/> Zoloft |
| <input type="checkbox"/> Capecitabine | <input type="checkbox"/> Dexmethylphenidate | <input type="checkbox"/> Galantamine | <input type="checkbox"/> Methadone | <input type="checkbox"/> Pantoprazole | <input type="checkbox"/> Risperdal | <input type="checkbox"/> Tofranil | <input type="checkbox"/> Zyprexa |
| <input type="checkbox"/> Carisoprodol | <input type="checkbox"/> Dextroamphetamine | <input type="checkbox"/> Gilmeperide | <input type="checkbox"/> Methylphenidate | <input type="checkbox"/> Paroxetine | <input type="checkbox"/> Risperidone | <input type="checkbox"/> Tolbutamide | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Carvedilol | <input type="checkbox"/> Diazepam | <input type="checkbox"/> Glipizide | <input type="checkbox"/> Metoprolol | <input type="checkbox"/> Paxil | <input type="checkbox"/> Ritalin | <input type="checkbox"/> Tolterodine | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Celebrex | <input type="checkbox"/> Dilantin | <input type="checkbox"/> Glucotrol | <input type="checkbox"/> Mevacor | <input type="checkbox"/> Percocet | <input type="checkbox"/> Rosuvastatin | <input type="checkbox"/> Toviaz | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Celecoxib | <input type="checkbox"/> Dolophine | <input type="checkbox"/> Glyburide | <input type="checkbox"/> Mexiletine | <input type="checkbox"/> Perphenazine | <input type="checkbox"/> Rythmol | <input type="checkbox"/> Tramadol | <input type="checkbox"/> _____ |

7. Physician Signature

I authorize the above ordered laboratory test(s).

Physician Signature: _____ Date: _____