

Requisition Form

Pharmacogenomic Test for Psychiatry, ADHD and Pain Management

To order the test

Go to
biron.com/pgx
or scan this QR code



Identification Number (enter this number when ordering): **R400**

PATIENT		PHYSICIAN	
Last name	First name	Institution or Clinic name	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last and first name	
Address		Address	
City		City	
Province	Postal code	Province	Postal code
Email	Phone	Email	
Add Preferred language	English French	Phone	Fax number

TEST ORDERED

Psychiatry, ADHD and pain management

Psychiatry and ADHD

Pain management

AUTHORIZATION

By completing this order, I certify that I am the ordering provider. I further certify that I have conveyed all required information to the patient or legal guardian, and have obtained his or her consent to complete and send this complete test order to Biron. For amounts received directly, the patient agrees to remit payments to Biron for testing services rendered. I agree to Biron's terms of service (biron.com/en/terms-and-conditions/) and privacy policy (biron.com/en/privacypolicy/)

Physician's signature

Date