



The Most Comprehensive
Pharmacogenetic Test For
Prescription and OTC Drug Users

Authorization for Pharmacogenetic Testing and Personalized Medication Review®

Patient Name: _____ Date: _____

Address: _____ DOB: _____

Phone Number: _____

- Patient's current medication regimen could be affected by the patient's genetics
- Patient could benefit from preemptive pharmacogenetic testing

Provider Name: _____ NPI#: _____

Provider Signature: _____ Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact the Pharmacy below and get started with Rxright™

Pharmacy: _____

Address: _____

Phone Number: _____

Fax: _____

Visit Rxright.com to learn more.



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Knowing which medication and dose are right makes all the difference for you and your family

Rxight™ can inform you and your provider how your body will respond to **more than 200 prescription and over-the-counter (OTC) medications** before you take them.

- +** Provides medication and dosing guidance, based on your DNA, through a simple cheek swab.
- +** Helps avoid ineffective and unsafe medications, based on your body's sensitivity.
- +** Includes a **Personalized Medication Review (PMR)®** with a **Rxight™ Certified Pharmacist** who will advise you which medications are better suited for you and which medications to avoid based on your genetic profile. The pharmacist will discuss any recommendations impacting your current medications with your provider.

Visit Rxight.com to learn more.

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What To Do Before Going To The Pharmacy

1. Print this document and have your provider(s) sign the Authorization section.
2. Gather a list of all your medications.
3. Create a list of prescribers' contact information (name, phone, fax).

Visit Rxright.com to learn more.

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PROVIDER AUTHORIZATION

To be completed by Healthcare Provider

Patient Information

First Name: _____ Last Name: _____

Phone #: _____ Birth Date: ____/____/____

(re)Initiating medication: Clopidogrel Tetrabenazine (> 50mg) Amitriptyline Nortriptyline

Other: _____

ICD-10 Diagnosis Codes (See Definitions on Reverse Side)

<input type="checkbox"/>	I20.0	<input type="checkbox"/>	I21.3	<input type="checkbox"/>	I25.710	<input type="checkbox"/>	F31.32	<input type="checkbox"/>	F31.75	<input type="checkbox"/>	F33.2
<input type="checkbox"/>	I20.1	<input type="checkbox"/>	I21.4	<input type="checkbox"/>	I25.720	<input type="checkbox"/>	F31.4	<input type="checkbox"/>	F31.76	<input type="checkbox"/>	F33.3
<input type="checkbox"/>	I20.8	<input type="checkbox"/>	I24.0	<input type="checkbox"/>	I25.730	<input type="checkbox"/>	F31.5	<input type="checkbox"/>	F31.77	<input type="checkbox"/>	F33.40
<input type="checkbox"/>	I20.9	<input type="checkbox"/>	I24.1	<input type="checkbox"/>	I25.750	<input type="checkbox"/>	F31.60	<input type="checkbox"/>	F31.78	<input type="checkbox"/>	F33.41
<input type="checkbox"/>	I21.09	<input type="checkbox"/>	I24.8	<input type="checkbox"/>	I25.760	<input type="checkbox"/>	F31.61	<input type="checkbox"/>	F31.9	<input type="checkbox"/>	F33.42
<input type="checkbox"/>	I21.11	<input type="checkbox"/>	I24.9	<input type="checkbox"/>	I25.790	<input type="checkbox"/>	F31.62	<input type="checkbox"/>	F32.9	<input type="checkbox"/>	F33.9
<input type="checkbox"/>	I21.19	<input type="checkbox"/>	I25.110	<input type="checkbox"/>	F31.30	<input type="checkbox"/>	F31.63	<input type="checkbox"/>	F33.0	<input type="checkbox"/>	G10
<input type="checkbox"/>	I21.29	<input type="checkbox"/>	I25.700	<input type="checkbox"/>	F31.31	<input type="checkbox"/>	F31.64	<input type="checkbox"/>	F33.1	<input type="checkbox"/>	Other

Other ICD-10 Diagnosis Codes: _____

Healthcare Provider Information

First Name: _____ Last Name: _____ Suffix: _____

License#: _____ NPI: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Point of Contact/Coordinator: _____

Email: _____

Phone #: _____ Fax #: _____

I hereby authorize MD Labs to perform the Rxight® comprehensive pharmacogenetic program.

Provider Signature: _____ Date: _____



DIAGNOSIS CODE REFERENCE LIST (ICD-10 CODES)

The diagnosis codes on this page are listed for illustrative purposes only. It is the responsibility of the ordering healthcare provider to determine the appropriate diagnosis code and medical necessity of the Rxight® test before ordering.

CYP2C19 ICD-10 Codes/Cardiology		CYP2D6 ICD-10 Codes/Mental Health	
I20.0	Unstable angina	F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
I20.1	Angina pectoris with documented spasm	F31.31	Bipolar disorder, current episode depressed, mild
I20.8	Other forms of angina pectoris	F31.32	Bipolar disorder, current episode depressed, moderate
I20.9	Angina pectoris, unspecified	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
I21.09	ST elevation myocardial infarction involving other coronary artery of anterior wall	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
I21.11	ST elevation myocardial infarction involving right coronary artery	F31.60	Bipolar disorder, current episode mixed, unspecified
I21.19	ST elevation myocardial infarction involving other coronary artery of inferior wall	F31.61	Bipolar disorder, current episode mixed, mild
I21.29	ST elevation myocardial infarction involving other sites	F31.62	Bipolar disorder, current episode mixed, moderate
I21.3	ST elevation myocardial infarction of unspecified site	F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
I21.4	Non-ST elevation myocardial infarction	F31.64	Bipolar disorder, current episode mixed severe, with psychotic features
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	F31.75	Bipolar disorder, in partial remission, most recent episode depressed
I24.1	Dressler's syndrome	F31.76	Bipolar disorder, in full remission, most recent episode depressed
I24.8	Other forms of acute ischemic heart disease	F31.77	Bipolar disorder, in partial remission, most recent episode mixed
I24.9	Acute ischemic heart disease, unspecified	F31.78	Bipolar disorder, in full remission, most recent episode mixed
I25.110	Atherosclerosis heart disease of native coronary artery with unstable angina pectoris	F31.9	Bipolar disorder, unspecified
I25.700	Atherosclerosis of coronary artery bypass graft(s) - unstable angina pectoris	F32.9	Major depressive disorder, single episode, unspecified
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) - unstable angina pectoris	F33.0	Major depressive disorder, recurrent, mild
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	F33.1	Major depressive disorder, recurrent, moderate
I25.730	Atherosclerosis of nonautologous bio coronary artery bypass graft(s) - unstable angina pectoris	F33.2	Major depressive disorder, recurrent severe without psychotic features
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart - unstable angina	F33.40	Major depressive disorder, recurrent, in remission, unspecified
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	F33.41	Major depressive disorder, recurrent, in partial remission
		F33.42	Major depressive disorder, recurrent, in full remission
		F33.9	Major depressive disorder, recurrent, unspecified
		G10	Huntington's Disease

To view the Rxight® gene panel visit: Rxight.com/gene-panel



Contact MD Labs at 888-888-1932 or info@Rxight.com with any questions.