

Immunology Diagnostic LLC
2109 S Granville Ave
Los Angeles, CA 90025
(310)444-1215

MUST BE COMPLETED BY REFERRING/ORDERNG PHYSICIAN

Test Requested (please circle) **BSURE Test**

Please fax form to: **310-861-9004**

ICD-10/DX Code: M79.7, R53.82, D83.1, D83.8, D89.89, _____

PATIENT INFORMATION

Prefix Last Name First Name

Street Address

City State Zip Code

Phone Fax Email

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? If YES, please list the medications below.

List medications here: _____

Referring Physician Signature Date