

Please select ONE of the test choices below (one of the three boxes must be marked for the lab to accept the order).

Small-Fiber Dx™ Panel for Small Fiber Neuropathy [Standard panel includes: IENFD (PGP 9.5) + Skin morphology (H&E) + Amyloidosis (Congo Red)]

Alternative Test Options:

- IENFD (PGP 9.5) + Skin morphology (H&E)
 Amyloidosis (Congo Red) + Skin morphology (H&E)

PATIENT INFORMATION

| | | | | |
|----------------------|-------------------------|----------------------|--|--|
| First Name | Middle Initial | Last Name / Surname | Date of Birth (Month/Day/Year) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Email Address | Cell Phone Number | Phone Number | Sex at Birth | ICD-10 Codes |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> G60.3 Idiopathic neuropathy <input type="checkbox"/> G90.9 Disorder of the autonomic nervous system, unspecified |
| Guarantor Name | Guarantor Date of Birth | | Gender Identity: | <input type="checkbox"/> M79.2 Neuralgia and neuritis, unspecified <input type="checkbox"/> R20.2 Paresthesia of skin |
| <input type="text"/> | <input type="text"/> | | <input type="checkbox"/> Primary Insurance <input type="checkbox"/> Secondary Insurance | <input type="checkbox"/> Other: _____ |

PLEASE INCLUDE ALL INFORMATION BELOW TO AVOID PROCESSING DELAYS. INCLUDE COPIES OF REQUESTED INFORMATION WITH FAX.

- Primary insurance card (front/back) Government issued ID (front/back) Patient demographic information (face sheet, etc.)
 Secondary insurance card (front/back) Relevant medical records/last note Nerve conduction study (if available)

If required by insurance company, CND will attempt to submit a prior authorization or notify the appropriate provider to initiate the request. A benefits verification or prior authorization obtained by CND does not guarantee eventual payment by the insurance company. CPT codes for the Syn-One Test: 88305 x 3, 88314 x 3, 88346 x 2, 88350 x 1, 88356 x 3. Codes and units reflect standard biopsy sites and number of biopsies. Codes and units may vary if non-standard number of biopsies are used.

PRACTICE INFORMATION

| | | | |
|------------------------------|---|----------------------|--|
| Ordering Physician/Clinician | Physician NPI (US) or Clinician ID Number (International) | | |
| <input type="text"/> | <input type="text"/> | | |
| Practice Name | | | |
| <input type="text"/> | | | |
| Street Address | City | State | ZIP or Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone Number | Fax Number | Email Address | Preferred Contact Method |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Email <input type="checkbox"/> Fax |

The undersigned certifies that he/she is licensed to order the test(s) selected and that such test(s) are medically necessary for the care/treatment of this patient.

Authorized Signature

Date