

**Patient Information**

First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB	<input type="text"/>		
Address 1	<input type="text"/>	Address 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

**Ordering Provider**

First Name	<input type="text"/>	Last Name	<input type="text"/>
NPI Number	<input type="text"/>	Practice Name	<input type="text"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

**Diagnosis:** Peyronie's disease (ICD: N48.6)

**Test to be Performed:** Peyronie's Gene Test x1

**Date to Be Performed:** First Available

**Note:** Result to be sent via fax to ordering clinician

Signature	<input type="text"/>	Date	<input type="text"/>
Printed Name	<input type="text"/>		

Next steps: Once completed, this form should be returned to the patient who will upload the form as well as the information contained within this form at [peyroniesgene.com](http://peyroniesgene.com). Once the order has been processed, the ordering provider's office will receive results via fax, and the patient will be notified by email that the results have been received.

All orders are processed by Laboratory and Procedural Services, a high-complexity, CLIA certified laboratory (46D2168806). For questions regarding the laboratory, please contact us at [email@lps.clinic](mailto:email@lps.clinic). For questions relating to the Peyronie's gene test or [PeyroniesGene.com](http://PeyroniesGene.com), please contact PathRight Medical support at [support@pathrightmedical.com](mailto:support@pathrightmedical.com) or by calling 1-877-228-5147.