Mass General Brigham
Brigham and Women's Faulkner Hospital

Patient Information	**Provider Information**
Pt Name:	MD Name:
DOB:	NPI:
Legal Sex	Phone:
Gender Identity:	
Address:	Date of Order:
Home Phone:	
Mobile Phone:	MD Signature:

Order Information

Exam Ordered: ☒ Autonomic Testing, Skin Biopsy, Cerebral Blood Flow Monitoring, Skin Biopsy

Expected Location: Brigham and Women's Faulkner Hospital

ICD-10 Diagnoses:

- ☐ Disorder of autonomic nervous system (G90.9)
- ☐ Dizziness (R42)
- ☐ Dysautonomia (G90.1)
- ☐ POTS (postural orthostatic tachycardia syndrome) (I49.8)
- ☐ Small fiber neuropathy (G62.9)
- ☐ OTHER:

Symptoms/Relevant History:

Additional Comments:

Allergies:

Pregnancy Status:

- ☐ Yes
- ☐ No

Insurance Information

Payor/Plan:

Policy Number:

Subscriber:

Please Fax to **617-983-7195** when complete