

MindX Blood Test™ Prescription Form



Phone: 317-220-8590 | Fax: 317-663-2177 | Email: info@mindxsciences.com

351 W 10th St #101
Indianapolis, IN 46202

Please complete and return by fax or email.

Prescriber Information:

Prescriber Name	
NPI	
Prescriber Email	Office Contact Name
Office/Hospital Name	Address
City	State Zip
Phone	Fax

Patient Information

Last Name	First Name, MI
Gender	DOB
Address	Apt.
City, State	Zip
Phone	Email

Please fill the following table:

		Yes, No, N/A, or write-in	Score (by MindX staff)
1	Relevant Clinical Diagnoses (write in)	Primary: Secondary:	
2	Receiving treatment for the disease?		
3	Did the patient score high recently on any clinical rating scale for the disease?		
4	Number of hospitalizations due to this disease (write in- if not known approximate or put N/A)		
5	Number of ER visits for this disease (write in- if not known approximate or put N/A)		
6	Patient is appropriately dressed and has good hygiene?		
7	Has a cognitive disease that can affect self-reporting? (schizophrenia, schizoaffective, dementias, ADHD, ASD)?		
8	Active addictions?		
9	Patient is on disability for the disease?		
10	Patient is in assisted living and/or has somebody manage their finances?		

We will send the patient a MindX Blood Test kit, pre-labeled for

FedEx. Specimen Collection Location-if known (check one):

- Office/Clinic
- Hospital Inpatient
- Hospital Outpatient/ASC
- Community Lab Draw Location
- At Home Mobile Phlebotomist

Please Choose Report	Product Catalog #	Test Description	CPT Code
<input type="checkbox"/>	2001	MindX Blood Test™ Mood	0291U
<input type="checkbox"/>	2002	MindX Blood Test™ Stress	0292U
<input type="checkbox"/>	2003	MindX Blood Test™ Memory	0289U
<input type="checkbox"/>	2004	MindX Blood Test™ Longevity	0294U
<input type="checkbox"/>	2005	MindX Blood Test™ Suicidality	0293U
<input type="checkbox"/>	2006	MindX Blood Test™ Pain	0290U
<input type="checkbox"/>	2007	MindX Blood Test™ Anxiety	0437U

Prescriber Signature	Prescriber Name	Date
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