MyRx

A UF Health Service

MyRx Clinic Contact

Phone number: 352-273-6415

Email: myrx@cop.ufl.edu

FAX: 352-627-4121

Want to refer your patient for a pharmacogenetic consultation with MyRx? Fill out this form, fax it to the number above, and we'll take care of the rest!

Visit https://ufhealth.org/myrx for more information on our pharmacogenetic consultation service.

Date of Referral: ____/____/____

Patient Information

Name: _____ DOB (mm/dd/yyyy): ____/_____/_____

Contact number: _____ Contact email (*if available*): _____

Reason for referral:

☐ Pain ☐ Psychiatry ☐ Gastrointestinal ☐ Cardiovascular ☐ If other, specify below

Associated Diagnosis Codes:

Does patient already have pharmacogenetic results? ☐ Yes ☐ No

If yes, from which company and/or lab? _____

Referring Provider Information

Name: _____ NPI: _____ Practice location: _____

Contact number: _____

Return fax number (*to send completed consult note to*): _____

Additional information: