



Date:

## Pre-Authorization Request for Coverage of Pharmacogenetic testing

**Name of Insurance Provider:**

**Name of Plan Member:**

**Certificate Number:**

**Address:**

**Name of Covered Dependent:**

---

**Requesting Doctor:**

**Hospital/ Clinic:**

**CPSO #**

**Diagnostic Test Requisitioned:** Rx Report- Psychiatry & Pain Test

**Provider:** The genetic analysis and pharmacist's consultation are provided by Personalized Prescribing Inc., located at 175 West Beaver Creek, Unit #24, Richmond Hill, ON L4B 3M1.

**Description of the test:** This specialized test, recommended by the treating physician, evaluates the compatibility of psychiatric medications based on an individual's DNA and is medically necessary to significantly benefit patient's treatment plan.

**Test Interpretation:**

A licensed pharmacist will interpret patient's genetic test results at Personalized Prescribing Inc. and provide precise recommendations regarding medication selection and dosing to ensure the safest and most effective treatment for the patient.

**Rational:** I have tried but failed to respond to many psychotropic medications. My psychiatrist has requested the Rx Report- Psychiatry & Pain test from Personalized Prescribing, believing it will help identify the most compatible medication for me.

**The Cost:** \$499.00 plus HST

---

**Name of the Patient:**

**Telephone Number:**

**Email:**