Date: [Date]

To: [Recipient Name/Genetic Counseling Department]
Facility: [Facility Name]
Address: [Facility Address]

RE: Patient Referral for Genetic Consultation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Phone Number: [Patient Phone Number]
Insurance: [Insurance Provider & ID Number]

Dear Genetic Specialist,

I am referring the above-named patient to your clinic for a formal genetic consultation and risk assessment.

Reason for Referral:

- [e.g., Personal history of early-onset cancer]
- [e.g., Family history of specific genetic condition]
- [e.g., Abnormal prenatal screening results]
- [e.g., Evaluation for suspected hereditary syndrome]

Clinical Background:
[Brief summary of patient's relevant medical history, symptoms, or laboratory findings.]

Requested Services:

- Pedigree analysis and risk assessment
- Genetic counseling regarding testing options, benefits, and limitations
- Coordination of genetic testing if indicated
- Discussion of management recommendations based on results

Relevant medical records and previous test results are attached for your review. Please contact my office if any further documentation is required.

Thank you for participating in the care of this patient. I look forward to receiving your consultation report.

Sincerely,

[Physician Signature]
Physician Name: [Name]
NPI Number: [NPI Number]

Clinic Name: [Clinic Name]
Phone: [Phone Number]
Fax: [Fax Number]