[Physician Name]
[Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

RE: Oncology Genetic Consultation
Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear [Referring Provider Name],

I had the pleasure of meeting with [Patient Name] on [Date] for an oncology genetic counseling consultation. The purpose of this visit was to evaluate the patient's personal and family history of malignancy and discuss the utility of germline genetic testing.

Clinical History:
The patient is a [Age]-year-old individual with a personal diagnosis of [Type of Cancer] diagnosed at age [Age]. Their family history is significant for [Brief Summary of Relatives/Cancers].

Risk Assessment and Counseling:
Based on [NCCN/Other] guidelines, the patient meets criteria for genetic testing due to [Reason]. We discussed the implications of hereditary cancer syndromes, including [Syndrome Name, e.g., Hereditary Breast and Ovarian Cancer (HBOC) or Lynch Syndrome]. We reviewed the possible results (positive, negative, or variant of uncertain significance) and the potential impact on surgical management and future screening recommendations.

Testing Plan:
The patient elected to proceed with:
[ ] Multigene Panel Testing (Number of genes: [X])
[ ] Site-Specific Testing for known familial mutation: [Gene/Mutation]
[ ] Testing Declined at this time

Next Steps:
The specimen was sent to [Laboratory Name] on [Date]. Results are expected in approximately [Number] weeks. Once results are available, I will review them with the patient and provide a formal follow-up report including management recommendations for the patient and their at-risk relatives.

Thank you for the opportunity to participate in the care of this patient. Please contact me at [Phone Number] if you have any questions.

Sincerely,

[Your Name/Signature]
[Your Title, e.g., Genetic Counselor/Oncologist]