Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Subject: Pharmacogenomics (PGx) Testing Consultation Summary

Dear [Recipient Name],

This letter summarizes the results of the pharmacogenomics testing performed for [Patient Name] on [Date of Collection]. The purpose of this consultation was to evaluate how the patient's genetic profile may influence their response to specific medications.

Testing Performed: [Insert Test Name/Panel, e.g., CYP450 Panel]

Key Findings:

- **Gene:** [Gene Name] - **Phenotype:** [e.g., Poor Metabolizer]
- **Gene:** [Gene Name] - **Phenotype:** [e.g., Ultra-rapid Metabolizer]

Clinical Interpretation and Recommendations:

[Insert specific medication adjustments, dosage changes, or drugs to avoid based on results].

Conclusion:

These genetic results are intended to be used in conjunction with clinical assessment and other laboratory findings. Please note that genetic factors are only one component of drug response; factors such as age, renal function, and drug-drug interactions also remain critical.

If you have any questions regarding these results, please contact our office at [Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title]
[Facility/Clinic Name]