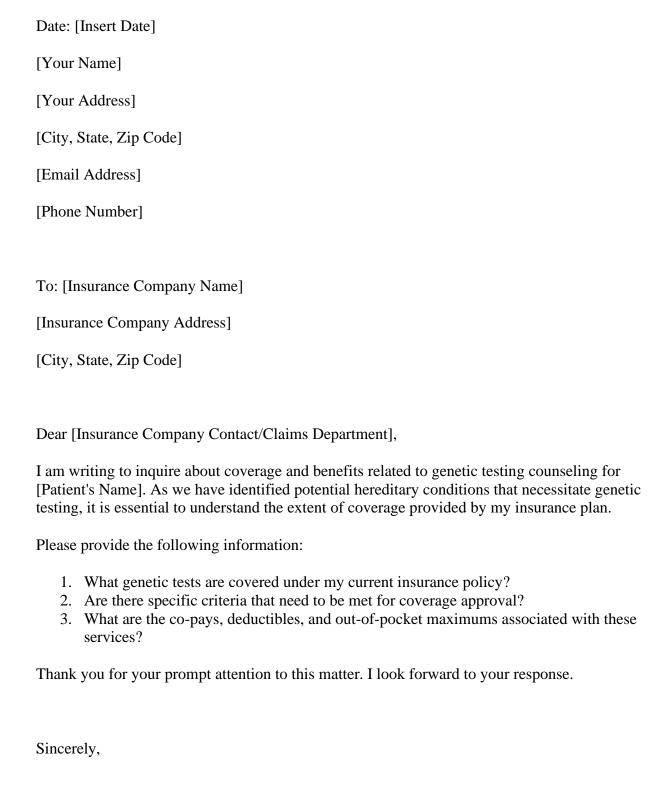
Genetic Testing Counseling Insurance Information



[Your Name]

[Your Insurance Policy Number]