

Genetic Testing Counseling Referral

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to refer [Patient's Name] for genetic counseling based on [reason for referral]. After our discussions and considering [Patient's medical history/concerns], I believe that genetic testing could provide valuable insights.

Please find attached [any relevant medical records, test results, etc.], which may assist in the counseling process. I recommend that [Patient's Name] be evaluated for [specific conditions or gene mutations].

If you have any questions or need further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Your Contact Information]