

Inquiry for Genetic Counseling Services

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Clinic/Institution Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the genetic counseling services offered at [Clinic/Institution Name] for hereditary conditions. I am interested in understanding more about the evaluation process, available resources, and any necessary steps to schedule a consultation.

Specifically, I would like to know:

- The types of hereditary conditions you provide counseling for.
- The process for scheduling an appointment.
- Any documentation or family history information I should prepare prior to the consultation.
- Information regarding insurance coverage and fees associated with the service.

Thank you for your attention to my inquiry. I look forward to your response so that I may better understand how to proceed.

Warm regards,

[Your Name]