

Genetic Counseling Eligibility Prerequisites

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

Thank you for your interest in genetic counseling services. To ensure that we are providing the best care and support, we have outlined the prerequisites for eligibility below:

Eligibility Prerequisites:

- **Personal or Family Medical History:** A documented history of genetic conditions within the family.
- **Referral from Healthcare Provider:** A recommendation from a physician or specialist.
- **Relevant Genetic Testing:** Prior results from genetic testing when applicable.
- **Current Symptoms:** Presence of symptoms that may necessitate genetic evaluation.

If you meet these prerequisites and wish to proceed with scheduling an appointment, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for considering our genetic counseling services. We look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]