

Consultation Request for Hereditary Condition Evaluations

Date: _____

Dr. [Physician's Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear Dr. [Physician's Last Name],

I am writing to request a consultation for hereditary condition evaluations for my family. We have a known history of [specific hereditary condition] in our family, and I am concerned about my risk and the potential implications for my children.

Our family history includes:

- [Name - Relationship - Details of condition]
- [Name - Relationship - Details of condition]
- [Name - Relationship - Details of condition]

I would greatly appreciate your expertise in assessing our situation and providing guidance on the necessary evaluations or genetic testing that may be appropriate. Please let me know your availability for scheduling this consultation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]