

Genetic Counseling Services

Date: [Insert Date]

Dear [Patient's Name],

We are writing to invite you to participate in genetic counseling services available at [Clinic/Institution Name]. As you are aware, your family history of hereditary conditions may have implications for your health and the health of your family.

Our genetic counseling team consists of qualified professionals who specialize in providing you with information about genetic conditions, testing options, and potential impacts on your health. The counseling process includes:

- Review of your medical and family history
- Information on inheritance patterns
- Discussion of genetic testing options
- Support in making informed decisions

We believe that understanding your genetic risk can empower you to make informed health decisions. To schedule an appointment or for any questions, please contact us at [Phone Number] or [Email Address].

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

Sincerely,

[Your Name]

[Your Title]

[Clinic/Institution Name]

[Contact Information]