10941 Raven Ridge Rd, Suite 107
Raleigh, NC 27614
919-256-2526 (P)
919-847-7471 (F)
WWW.HEREDITARYCARECENTER.COM

HEREDITARY CARE CENTER
Genetic Answers for Empowerment

GENETIC COUNSELING & TESTING ORDER FORM

Fax Completed Order Form to: 919-847-7471

Please include a copy of your patient's Family History Questionnaire (if available).

Today's Date:___________________

PATIENT INFORMATION:

Name:_________________________________ **DOB:_____________**

Contact number:______________________ (Cell/Landline)

REFERRING OFFICE INFORMATION:

Ordering Physician:____

Office/Practice Name:____

Practice Phone Number: ____

The above named patient has requested to be contacted for genetic counseling and possible testing.

Name of person completing this referral form: ____

Hereditary Care Center Office Use ONLY:

- □ **Patient contacted on:_____________________________**
- □ **Appointment scheduled: _________________________**
- □ **Appointment declined by patient. Referring office notified: ____**