

Genetic Counseling Order Form

To Schedule Genetic Counseling Appointments

1. Fax completed form and pathology reports to 706-475-6791
2. Call Pre-visit Coordination at 706-475-1000, ext. 2

Appointments will be scheduled on Tuesdays and Thursdays, with availabilities on Wednesday mornings. Other times available upon request.

Date of Referral _____

PATIENT INFORMATION

Patient's Name _____ DOB _____

Preferred Contact Number _____

Patient's Address _____

Email _____ Insurance Name _____

PHYSICIAN INFORMATION

Ordering Physician _____ NPI # _____

Office Contact Person _____

Phone _____ Fax _____

Address _____

INDICATION FOR GENETIC COUNSELING AND RISK ASSESSMENT

ICD 10 Diagnosis Code (must include) _____

Diagnosis _____

Genetic Testing for patient or family member (fax results) _____

Notes:

Physician Signature

Date