GENETICS CENTER

211 South Main Street, Orange, California 92868
Tel 714.288.3500 & 888.4.GENETIC Fax 714.288.3510
www.geneticscenter.com

Genetics Referral & Indicated Testing

Please complete and fax this form to 714-288-3510

Patient Information

Does the patient live with someone other than the legal guardian? ☐ No ☐ Yes,
if yes, relationship_____

Patient Name:_____ Date of Birth:_____

Parent/Guardian:_____ Parent Phone:_____

Parent Cell:_____

Insurance:_____ ID#:_____ □ PPO □ EPO □ POS
□ HMO □ Other_____

Please describe the patient's chief complaint and include onset and laboratory results:

_____
_____
_____

What is the key question you want us to answer?

_____
_____
_____

To expedite appointment scheduling, please provide the following:

- □ This completed form
- □ Medical records related to the chief complaint
- □ Pertinent laboratory results
- □ Patient demographics

Referring Provider:_____ Phone:_____ Fax:_____

Provider Address:_____ City:_____ Zip:_____

Physician's Signature:_____ Date:_____