

### GENETIC REFERRAL INSTRUCTIONS

- Please complete the information below and **FAX** along with pertinent medical records, any previous testing results, and a copy of the patient's insurance card(s) to (918) 502-2285.
- For questions, please call (918) 502-2280.
- All new **pediatric** appointments will be seen via telemedicine with Dr. Brad Schaefer, Geneticist.
- All other appointments will be seen with Lori Carpenter or Erica Cole, Genetic Counselors.

### REFERRING PHYSICIAN CONTACT INFORMATION

PHYSICIAN	OFFICE PHONE NUMBER	FAX NUMBER
OFFICE CONTACT	CONTACT'S PHONE NUMBER	

### PATIENT INFORMATION

PATIENT'S NAME IN FULL	DATE OF BIRTH
HOME PHONE	WORK PHONE
PRIMARY INSURANCE	
SECONDARY INSURANCE	
DIAGNOSIS CODE(S)	

### REASON FOR REFERRAL

Pediatric:

Prenatal (*Patient is currently pregnant*):

LMP	EDC
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Cancer Risk Assessment

Family History of a Genetic Condition, *specify*:

Other, *specify*:

REFERRING PHYSICIAN'S SIGNATURE	DATE	TIME
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PATIENT LABEL

