



GENETICS CENTER

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

Cancer Genetic Counseling & Indicated Testing Referral

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

Patient Information

Preferred Language: _____

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Insurance: _____ ID#: _____ PPO EPO POS
(for authorization requests, please request cpt code 99205) HMO Other _____

Medical Information/Indication

Personal History of Cancer: Diagnosis: _____

Family History of Cancer: Family Member: _____ Dx: _____

Family Member: _____ Dx: _____

Other Information: _____

To expedite appointment scheduling, please provide the following:

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

Referring Provider: _____ Phone: _____ Fax: _____

Provider Address: _____ City: _____ Zip: _____

Physician's Signature: _____ Date: _____